APPENDIX FOR:

ONLINE SYSTEM

FOR MANAGING

HEALTH CARE BENEFITS

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Contents of the Appendix

pages 3 – 96: The Requirements Definition document for one embodiment of the present invention.

pages 97 – 214: Screenshots of a website in accordance with the present invention.

pages 215 – 227: The Site Map for the website illustrated in pages 97 – 214.

page 228: A block diagram for the consultant portal portion in accordance with the present invention.

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The TPA

Phase I

Requirements Definition

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1 Introduction

1.1 Project Definition

Client is embarking on a project to provide end-to-end Web-based services to their four primary constituents and the general public. To implement this initiative, Client selected Zamba as a partner to assess the current status of initiatives and prepare a roadmap for full implementation of the website.

This document will include the following major activities:

- Detailed business requirements

1.2 Document Organization

This document follows the standard Zamba Solutions format with some modifications as needed for clarification.

1.3 Audience

Project owners, project sponsor and content experts for The TPA are expected to review, comment and approve the document. The Zamba Solutions technology team will then use the requirements definitions to establish the technical requirements for the software development phase of the project.

1.4 Change Control

This is a project "control" document, requiring approval from authorized project owners and adherence to the change control procedure described in *Change Control* of this document.

This document will go through several preliminary revisions (identified by revision numbers less than 1.0) before requiring approval by the signatories. Once agreement is reached on the document, the version number will be set to "1.0" which will identify the document as being under the constraints of change control.

2 General Requirements

2.1 Browser/ Requirements

2.1.1 It is a requirement that the system support Microsoft Internet Explorer from version 4.0 and up and Netscape Communicator from version 4.0 and America On Line version 4.0.

2.2 Performance Requirements

2.2.1 Expectations for early stages of the business are for a somewhat low transaction site – ? hits per day. The TPA will define

3 Public Page Requirements

3.1 Public users will have access to the following tools from The TPA public Welcome page:

3.1.1 Site Requirements – content defined by The TPA

3.1.2 Latest News – content defined by The TPA

3.1.3 Career Opportunities –content defined by The TPA

3.1.4 Company Profile similar to what exists today on www.thetpa.com

3.1.5 Online Demos The TPA will define

3.1.5.1 The user will select an online demo to their interest, i.e., member, employer or consultant. Member demo for phase 1.

3.1.6 Contact Us information including:

- Company directory – content defined in an existing TPA database
- Administrative Service Center Map – as it exists today on the www.tpa.com

3.1.7 Our Services information including:

- Online Brochure – The TPA will define. Not in phase 1. Little to provide soon after launch.
- Partner Profiles

3.1.8 Privacy and Security – content defined by The TPA

3.1.9 Terms of Use – content defined by The TPA

3.1.10 Unsecured Email Service for non-registered site visitors, see section 12.1

3.1.11 Login/Registration features, see section 5

3.1.12 Am I an Online Member? - A tool to check if current user is a valid online user who can register and gain access to the secure site.

3.1.13 Am I an Online Member? includes a mechanism to enter a group number to verify whether an individual user is a valid online user

3.1.13.1 If a user group is not valid (in CPAT) the user is not an online user. Go to not a valid online user error page

3.1.13.2 If a user group is valid (in CPAT) the user is an online user

3.1.13.2.1 If the user group is valid and The TPA has fully implemented the plan the user is ready to register with the site and log on. Go to registration page

3.1.13.2.2 If the user group is valid, has the employee self-service option and The TPA is ready to implement the plan the user must register with Healtheon. Go to a page with content explaining this status, which includes an "Enroll Now" button that links to Healtheon for member enrollment.

3.1.13.3 If the user group is valid, does NOT have the employee self-service option and The TPA is ready to implement the plan, the member does not need to register with Healtheon. Go to not ready page.

3.1.13.3.1 If the user group is valid but The TPA is not ready to implement (because there is no eligibility in RIMS) the plan the user must wait to register with Healtheon. Go to not ready page.

4 User Types

4.1.1 There are 5 defined user types to the client system

- Public
- Member
- Employer
- Provider
- Consultant

4.1.2 There are 16 defined user types to the internal TPA system for phase I

- Sales/Marketing Staff
- Customer Web Managers
- E-Customer Service Representative and Supervisors
- Content Managers
- Finance/Billing
- Compliance
- Plan Building/ Document
- CPAT
- IS
- Telecommunications
- Human Resources
- Eligibility
- Adjustments
- Claims
- Online Enrollment
- PPO re-pricing
- Additional user types may be defined in the future

5 General Registration / Login Requirements

5.1.1 A user will [self] register with the site. Providers will not register.

5.1.2 Users must enter a valid PIN number in order to register with the site. The PIN number is only necessary for the initial registration and connects the new registration to the user profile and sets the appropriate permissions for the site.

5.1.2.1 User will create a user ID (required)

5.1.2.2 The User ID will be a minimum of 6 characters and maximum of 20.

5.1.2.3 User will create a password (required)

5.1.2.4 The user password will be a minimum of 6 characters, at least one character alpha and one character numeric.

5.1.2.5 User will create a password hint (required)

5.1.2.6 User will create a password hint answer (required)

5.1.2.7 User will have the option to update password

5.1.3 Basic Registration/Login path

5.1.3.1 The user registers and gains access to the remainder of the site based on their user type OR

5.1.3.2 User enters their username and password and gains access to the remainder of the site based on their user type.

5.1.4 Registration Error path

5.1.4.1 PIN number is invalid, go to PIN number error page

5.1.4.2 PIN number error page presents a link(s) to 'request a PIN', see section 5.3 below. Members who have forgotten their PIN and those who have not received a PIN can request a PIN in this manner.

5.1.5 Login Error path

5.1.5.1 User ID/password login fails, go to User ID/password error page

5.1.5.2 User ID/password error page presents the user with a link to view their password hint and a link to request their user ID

5.1.5.2.1 Password hint displays the member specific password hint and instruction s to call The TPA if the hint is not helpful in determining password.

5.1.5.2.2 Request User ID gives the member the option to 'Call The TPA OR

Send a request for User ID online - which requires the user to enter the following information:

- PIN number or the following:
- Group number
- First name
- Last name
- SSN of covered employee
- Relationship to covered employee

If the above information is valid the user will be instructed that their user ID will be sent to the e-mail address on file for their account. If user e-mail address has changed the user will be instructed to cancel the online request and call The TPA.

5.2 Request a PIN number path

This feature will be available for 'member' user types only who have lost or forgotten their PIN. Employer and Consultant user types must contact the TPA to request a PIN number.

5.2.1 Members will enter the following information when requesting a new PIN number:

- Group number
- First name
- Last name
- SSN covered employee
- Date of Birth

5.2.2 If the group number, last name, DOB and SSN covered employee can be validated go to request for PIN number complete page – content ...'Expect to receive PIN in the mail at address on file.'

5.2.3 If the group number, last name, DOB and SSN covered employee can not be validated go to request for PIN number error page - content... 'Call the TPA for assistance' with a link to the Public portal page.

5.3 Member Registration / Login Requirements

5.3.1 Registration information is received via mail and contains instructions and PIN number to initiate registration.

5.3.2 Member registrant is required to input the following information for validation as part of the registration process

- PIN Number (validate)
- First name (collected, but don't validate, don't store)
- Last name (validate)
- SSN covered employee (validate)
- e-mail address (collect)
- Date of Birth (validate)

5.3.2.1 If user does not have an e-mail address all correspondence will be mailed to address on file

5.3.2.2 e-mail address is always presented to the user as if they are required however they are not required to complete the registration.

5.3.2.3 Member registrant is presented with the option to accept the online services agreement as part of the registration process.

5.3.2.4 Member registrant is presented with the option to opt-out of the The TPA mailing list as part of the registration process.

5.3.2.5 If the last name, date of birth and covered employee SSN cannot be validated for the identified PIN number OR if the member does not accept the 'Online Services Agreement' go to registration error page. The registration error instructs the user to accept the 'Online Services Agreement' if they have not done so, contact The TPA or consult the original registration document that they received in the mail if they are unsure of their registration information. This page will link to the Contact Us – e-mail page.

5.3.3 If last name, date of birth and SSN covered employee can be validated for the identified PIN number and if the user accepts the online services agreement go to general registration options as defined in section 5.1.2, above

5.4 Employer Registration / Login Requirements

5.4.1 Registration information is received via mail or phone and contains instructions and PIN number to initiate registration.

5.4.2 Employer registrant is required to input the following information for validation as part of the registration process

- PIN Number (validate)
- First name (collected, but do not validate, do not store)
- Last name (validate)
- Group Number (RIMS) (validate) (Validation for phase 1 will be against a TPA online file cross referencing CPAT and RIMS group numbers. Multi-group group #'s will be handled in future phases.)
- e-mail address

5.4.2.1 If user does not have an e-mail address all correspondence will be mailed to address on file

5.4.2.2 e-mail address is presented to the user as if it is required however it is not required to complete the registration.

5.4.2.3 Employer registrant is presented with the option to accept the online services agreement as part of the registration process.

5.4.2.4 If the, last name and group number cannot be validated for the identified PIN number OR if the Employer does not accept the 'Online Services Agreement' go to registration error page. The registration error instructs the user to accept the 'Online Services Agreement' if they have not done so, contact The TPA or consult their original registration document if they are unsure of their registration information. This page will link to the Contact Us – e-mail page.

5.4.2.5 If first name, last name and group number can be validated for the identified PIN number and if the user accepts the online services agreement go to general registration options as defined in section 5.1.2, above

5.5 Provider Registration / Login Requirements

5.5.1 There will be public access to information targeted to providers.

5.6 Consultant Registration / Login Requirements

5.6.1 Registration information is received via mail and contains the instructions and PIN number to initiate registration.

5.6.2 Consultant registrant is required to input the following information for validation as part of the registration process

- PIN Number (validate)
- First name (don't validate on)
- Last name (validate)
- E-mail address (capture but don't use to validate on)
- Fed Tax ID OR SSN (use to validate on)

5.6.2.1 If user does not have an e-mail address all correspondence will be mailed to address on file

5.6.2.2 e-mail address is presented to the Consultant as if it is required however it is not required to complete the registration.

5.6.2.3 Consultant registrant is presented with the option to accept the online services agreement as part of the registration process.

5.6.2.4 If the Fed Tax ID or SSN and last name cannot be validated for the identified PIN number OR if the Consultant does not accept the 'Online Services Agreement' go to registration error page. The registration error instructs the user to accept the 'Online Services Agreement' and/or call The TPA or consult the original registration document that they received in the mail.

5.6.3 If Fed Tax ID or SSN and last name can be validated for the identified PIN number and if the Consultant accepts the Online Services Agreement go to general registration options as defined in section 5.1.2, above

5.7 TPA Staff Login Requirements

5.7.1 NDS login and password

There will be mechanism to provide individual secure login based on access privileges. – The TPA will define.

6 General Permissions

See Appendix D for proposed TPA disclosure rules

6.1 Member Accounts

6.1.1 Member access to information is determined by 'data access level privileges', including the following:

6.1.1.1 Employees have access to their information plus any under age 18 dependents

6.1.1.2 Spouses have access to their own information

6.1.1.3 Over age 18 dependents (or emancipated minors) have access to their own information (phase 1 identifies these based on age calculation)

6.2 Employer Accounts

6.2.1 Employers have access to their own information

6.2.2 Access to information within an employer account is determined by the employer 'Contact type'

6.2.3 Employer contact types are as follows:

- Billing
- Finance
- Benefits A
- Benefits B
- Primary
- Executive
- Administrative

6.2.4 Employer have access to member information within their plan or group

6.2.5 Access to information within a member account is based on employer contact type, see Appendix C.

6.3 Provider Accounts

There are no special access rights defined for Provider accounts

6.4 Consultant Accounts

6.4.1 Consultants have access to their own information

6.4.2 Consultants have access to employer accounts based on their employer contact type, see Appendix C.

6.5 The TPA Staff

The TPA will define access for The TPA staff

7 User Profile

Per Brian Anderson's request, all profile requirements are included in user specific profile listings.

7.1 Member Profile Requirements

7.1.1 Store the following data elements for Members

- Employee's SSN,
- Member's First Name
- Member's Last Name

- Member's SSN
- E-mail address,
- Mailing Address
- Phone Number
- Member's sex
- UserID
- PIN number
- Password
- Password hint
- Password Hint answer
- Last login date
- Date of birth
- Zip Code (5)
- User Type (e.g., dependent, employee, employer)
- Employer Name/Logo
- Policy/Group Number
- Customer Service phone number
- Plan Number
- Office Copay Amount
- Emergency Room Copay Amount
- Prescription Drug Copay amounts (brand and generic)
- Claims Office mailing address (for claims, forms, etc)
- Utilization Review toll free number
- PBM Customer service phone number
- Authorization Statement (can be revoked at any time so we need a place to allow them to do this).
- Authorization Type (Employee, Family, Member)
- Data Access Privilege Level (who can see what)
- Relationship to Employee
- Status (e.g., active, COBRA)
- PPO Network affiliation (at the plan level)
- Pharmacy Benefit Management (PBM) affiliation
- Benefit Type they are covered under (e.g., Medical, Dental, STD, Flexible Spending Account)

- Date of Eligibility /Coverage (by benefit type)
- Coverage class (employee, employee+spouse, Employee+family,etc) by benefit type
- In-network deductible (individual/family - by benefit type)
- Out-of-network deductible (individual/family -by benefit type)
- In-network Out of Pocket (individual/family – by benefit type)
- Out-of-network Out of Pocket (individual/family – by benefit type)
- Annual Deductible Met YTD (Individual/family - by benefit type)
- Annual Out of Pocket satisfied YTD (individual/family -by benefit type)
- YTD Benefit Payments (by benefit type)
- # of Medical Claims "in process"
- # of claims paid this plan year
- Date of Last Flexible Spending payment, Type of payment (dependent care or health), payment amount and remaining balance
- Date of Last Short Term Disability (STD) payment and payment amount
- Coverage Termination Date
- Message (Free form text) from the Employer
- Personalized information -The TPA will define
- Plan Year (from/to) specific to product

7.2 Employer Profile Requirements

7.2.1 Store the following data elements for Employers

- First Name
- Last Name
- Group Number
- Mailing Address
- E-mail address
- Phone Number

- PIN number
- User ID
- User type (e.g., dependent employee, employer)
- Password
- Password Hint
- Password Hint Answer
- Last login date
- Employer Name/Logo
- Policy Group Number
- Federal Tax ID number (*from CPAT*)
- Consultant Name, Consultant Person ID and Status (e.g., active, inactive) (*from CPAT*)
- Customer Service Phone number
- Personalized Plan Information - The TPA will define
 - No of employees enrolled by Benefit Plan
 - No of E-Service Center Inquiries (monthly)
 - Month to Date claim payments made
 - Year to Date claim payment made
 - Claims In Process
 - Claims Pending
- Customer Contact Names
- Customer Contact Type(s) for each contact person
- The TPA Contacts and Contact Types
- TPA Contact Phone and Fax Numbers
- Benefit Plan types administered by The TPA
- PPO Network affiliations (at the group level)
- PBM affiliation(s) (at the group level)
- Message (free form text) from The TPA
- The TPA's Claims Administration Office Location
- Claims Office Address
- RIMS Plan Number
- RIMS Plan Name (description)
- Plan Effective Date

- Plan year (from/to) by product
- RIMS Location Number(s)
- Current Contract Effective Date (start and end dates)
- Product Names (only active, not terminated products)
- Vendor Names (by Product)
- Federal Tax ID number
- Consultant
- Consultant
- Consultant Firm Name
- Consultant's Tax ID no.
- Consultant 's Mailing Address
- Consultant's Street Address
- Consultant's Phone, Fax and Email Address
- Signed Customer Agreement (yes/no) (per CPAT)
- Date of most recent update to Plan Doc/SPD (per CPAT)
- NYHCRA election status (per CPAT)
- Stop Loss Contract basis (per CPAT)
- Attachment Factors
- Plan Document Finalized (Y/N per CPAT)
- Commission Paid to Consultant (per CPAT) – indicates active Consultant contact
- Is Current Contract (per CPAT) – indicates information for most current period
- # of registered online users
- Customer ID (CPAT)
- SIC code

7.3 Provider Profile Requirements

7.3.1 No requirements. This will be done through Healtheon/WebMD

7.4 Consultant Profile Requirements

7.4.1 Store the following data elements for consultants

- First Name
- Last Name,
- Firm Name (from CPAT
- Person ID (from CPAT)
- Federal Tax ID number (from CPAT)
- Mailing Address
- E-mail address
- Telephone number
- FAX number
- PIN number
- UserID
- Password
- Password hint
- Password hint answer
- Consultant Name/Logo
- Last login date
- Customer Name (s) (per CPAT)
- Customer Status (e.g., active, inactive) for each Customer (from CPAT)
- The TPA Contacts, phone and FAX
- Contact Types for each customer (from CPAT)
- Customer ID
- Contract ID
- Customer Termination Date
- Is Current Contract?
- Customer Service phone number by customer

7.5 TPA Staff Profile Requirements

7.5.1 Store the following data elements for TPA Staff

- The TPA user type as defined in section 4.1.2

8 Portal Homepages

8.1 Member Portal

8.1.1 The Member portal must be secure

8.1.2 Member portal provides access to the following services from the left navigation menu:

8.1.2.1 My Benefits information including

- Enroll in a plan – access to Healtheon WebMD Benefit Central
- Plan Description – access member specific plan documents, see section 15
- Plan Contacts - access to plan specific contacts, see section 11

8.1.2.2 My Claims information including

- Claim Status – access to claims inquiry information, see section 16
- Reports – access to member reports, see section 23

8.1.2.3 My Records including

- Subscribe or unsubscribe to The TPA Mailing List, see section 28.24 (not in phase 1)
- Update e-mail account
- Link to Healtheon to update family status, personal information, see section 18
- Link to update account access, see section 10

8.1.2.4 My Health

- Health Topics – link to syndicated content, see section 19
- Online Pharmacy, see section 20
- Find a Provider see section 17

8.1.2.5 My Forms, see section 25

8.1.2.6 Help Services, including:

- FAQ, see section 13
- Glossary, see section 14
- Contact Us – link to company directory, see section 3.1.7 and general online-mail, see section, 12

8.1.3 The Member is presented with the following information from the member portal home page

8.1.3.1 Member is presented with the option to view their personal mailbox, see section 12

8.1.3.2 Member is presented with the option to view Plan at a Glance

8.1.3.2.1 Plan at a Glance includes the following data (for phase 1, assuming information is on medical claims):

- YTD Benefits Used ($)
- Copayment for office visit and emergency ($)
- No. of claims paid

8.1.3.3 Member is presented with the option to view a Fun Link or Quiz – No requirements defined to date.

8.1.3.4 Member is presented with the option to update account access, see section 10 below

8.1.3.5 Member is presented with the number of claims in process for their account including claims pending, holds and suspends

8.1.3.6 Member is presented with messages

8.1.3.7 Member is presented with a short message from their employer and a link to view the entire message

8.1.3.8 Member is presented with a short message from The TPA, and a link to view the entire message

8.1.3.9 Member is presented with Headline News, see section, 19

8.1.3.10 Member is presented with a Top News Story, see section 19.

8.1.3.11 Member is presented with a link to their Online Pharmacy, see section 20

8.1.3.12 Member is presented with a link to Find a Provider, see section 17

8.1.3.13 Member is presented with links to advertisements member specific advertisements.

8.2 Employer Portal

8.2.1 The Employer portal must be secure

8.2.2 Employer portal provides access to the following services from the left navigation menu:

8.2.2.1 Benefits information including

- Group or Plan selection to provide access to member specific plan documents, see section 15
- Plan Contacts - access to plan specific contacts, see section 11.3
- Find a Provider, see section 17
- Find a Managed Care Network – as it exists today on thetpa.com
- Enrollment – link to Healtheon, see section 18

8.2.2.2 Claims information including

- Claims selection by book mark or employee SSN to provide employee specific claims inquiry information, see section 16
- Deductible Status selection by employee SSN, see section 22

8.2.2.3 Reports

- Provide access employer reports, see section 23

8.2.2.4 Administration

- Administrative policies – content provides by The TPA
- Administration Enrollment/Eligibility – Link to Healtheon, see section 18

8.2.2.5 Forms, see section 25

8.2.2.6 Help including

- FAQ, see section 13
- Glossary, see section 14
- Contact Us – link to company directory, see section 3.1.7 and general online-mail, see section 12
- Legislative Compliance – content provided by The TPA

8.2.3 The Employer is presented with the following information from the employer portal home page

8.2.3.1 Employer is presented with the option to view their personal mailbox, see section 12

8.2.3.2 Employer is presented with a summary of claims status including:

- Claims in process
- Claims pending

8.2.3.3 Employer is presented with Plan at a Glance

8.2.3.4 Plan at a Glance includes the following data elements:

- Month to date Payments ($)
- Year to Date payment s ($)
- Enrolled Employees
- Registered Online Users (EEs)
- E-Service Center Inquiries

8.2.3.5 Employer is presented with the option send a message to their employees, see section 26

8.2.3.6 Employer is presented with the option to manage internal user access to the TPA employer portal, see section 26

8.2.3.7 Employer is presented with a short message from The TPA, , and a link to view the entire message

8.2.3.8 Employer is presented with Headline News, see section 19

8.2.3.9 Employer is presented with a Top News Story, see section 19

8.2.3.10 Employer is presented with a link to their Online Pharmacy, see section 20

8.2.3.11 Employer is presented with a link to Find a Provider, see section 17

8.2.3.12 Employer is presented with links to advertisements

8.3 Provider Portal

8.3.1 The Provider portal is public

8.3.2 Provider portal provides access to the following services from the left navigation menu:

8.3.3 Provider Links including:

- Find a Provider,
- Find a Managed Care Network – as it exists today on thetpa.com

8.3.4 Help including

- Glossary, see section14

8.3.5 Provider is presented with the following links from the provider home page including:

8.3.5.1 Helpful hints including content for the following provided by The TPA:

- EOB Tutorial
- Pre-Certification Information
- Electronic Claim filing Instructions
- How to read insurance cards (visual)
- Contact Information / customer Service
- How do I contact PPO Network Affiliations?
- Legal issues around what can be displayed regarding member benefits
- Auto Audit software content

8.3.5.2 Provider is presented with a short message from the TPA with a link to view the entire message.

8.3.5.3 Provider is presented with Headline News content, see section 19

8.3.5.4 Provider is presented with Top News Story content, see section 19

8.3.5.5 Provider is presented with a link to Find a Provider

8.3.5.6 Provider is presented with a link to the Merck Medco Manual (if feasible)

8.3.5.7 Provider is present with specific links to WebMD as appropriate (The TPA will define)

8.3.5.8 Provider is presented with links to advertisements

8.4 Consultant Portal

8.4.1 The Consultant portal must be secure

8.4.2 Consultant portal provides access to the following services:

8.4.2.1 My Business provides content links

- Preferred Vendors – content provided by The TPA
- Internet Services – content provided by The TPA
- Proposal – content provided by The TPA
- Pricing – content provided by The TPA
- Underwriting – content provided by The TPA
- Legislative Compliance – content provided by The TPA

8.4.2.2 My Customers provides a listing of all customers associated to the consultant user profile. Online customers are hyper-linked to an employer view of the selected customer.

8.4.2.3 Help

- Glossary, see section14
- Contact Us – link to company directory as it exists today, and unsecured e-mail form see section 3

9 The TPA Administrative Service Center

9.1 The TPA Administrative Tools

9.1.1 The TPA will have access to manage online data using the following Administrative Tools from the TPA portal page: (For phase 1, as many administrative tools as time allows will be built. Some functions of a content management tool nature (review, approval) may be deferred until such a tool is brought in). If time does not allow to build all the tools listed here, we will deploy with static pages.)

- Secure Mail Administration
- Employer/Consultant Logo Administration
- The TPA Message Tool Administration
- Map Employer Report to RIMS Reports Administration
- Plan Document Administration
- FAQ Administration
- Glossary Administration
- Remark Codes Administration
- Plan Contacts Administration
- Latest News Administration
- Career Opportunities Administration
- Fun Link Quiz Administration

9.1.2 The TPA Administrative Tools will be available to the TPA users from the TPA portal page

9.1.3 Access rights to a single administrative Tool will be controlled by TPA user ID

9.2 Secure Mail Administration

9.2.1 The user as defined below, refers to the internal TPA user(s.)

9.2.2 There are 16 defined internal TPA users for phase 1, see section 4.

9.2.2.1 e-mail correspondence will be tied to an individual user

9.2.2.2 The system will store user ID and password for each internal TPA user

9.2.2.3 The TPA IT department will use the internal NDS

9.2.2.4 In phase I only 2 internal user types will be receive secure mail from non-TPA users:

9.2.2.5 Customer Web Managers (CWM)

9.2.2.6 e-Customer Service Representatives (eCSR)

9.2.2.7 The TPA user ID will define which e-mail box is displayed

9.2.2.8 Customer Web Managers will receive secure mail from the employers and consultants

9.2.2.9 Employer/Consultant secure mail is distributed to a specific Customer Web Managers based on the employer/consultant user profile

9.2.2.10 e-Customer Service Representatives will receive secure mail from member users only.

9.2.2.11 Secure mail from members is not sorted and distributed to specific eCSRs. Messages will be sent to queues based on group, subject, and plan type.

9.2.3 Secure mail administration will include a Reply/Forward Capability

9.2.3.1 A single secure mail record will lock when a single message is open (in phase 1, users will pull messages from the queue which will send it to their individual in-box).

9.2.3.2 Display all incoming e-mail in a summary format for quick review

9.2.4 Provide the ability to store the entire thread of related e-mail sessions.

9.2.4.1 There will be an option to forward or carbon copy messages to the defined internal TPA user type categories, see section 4

9.2.4.2 Reply/Forward status is available for eCSRs and Customer Web Managers only

9.2.4.3 The original message cannot be edited when sending a reply or forwarding a message

9.2.4.4 The user will have a mechanism to select the subject type for the reply/forward

9.2.4.5 There user will have a mechanism to select the priority type for the reply/forward (not in phase 1)

9.2.4.6 The user will have a mechanism select a salutation for the reply/forward

9.2.4.6.1 The salutation will automatically be formatted including The TPA username as the greeting within the reply/forward message

9.2.4.7 The user will have an input box to enter text for the message

9.2.4.7.1 The message text can be free form, populated from the online FAQ content or a combination of both

9.2.4.8 There will be a link from the text entry box to the FAQ content (This is dependant on a data driven FAQ, see comment on 9.1.1)

9.2.4.8.1 The user will select FAQ content to include in the message by selecting a checkbox next to the appropriate FAQ text

9.2.4.9 The user will have a feature to select a closing for the reply/forward

9.2.4.9.1 The closing will automatically be formatted including The TPA username as the closing within the reply/forward message

9.2.4.10 The user will have an option to select to reply or forward the message

9.3 Employer/consultant Logo Administration

9.3.1 The user as defined below, refers to the internal TPA user(s.)

9.3.2 No special security is required for the logo files

9.3.3 The logo will be presented on the member, employer and consultant portal pages

9.3.4 If no logo is available for a specific employer/consultant, show first name, last name for consultants or company name for employers on the appropriate portal page

9.3.5 When uploading a logo file the user will select an employer/consultant name from a list

9.3.6 There will be a text search capability to locate a employer/consultant name

9.3.7 The user can view the current logo file in use, if any

9.3.8 The user can use a browse feature to select a file to use or type in a specific filename and location

9.3.9 The user will submit and confirm their request in order to upload the new logo to the portal page

9.4 The TPA Message Tool Administration

9.4.1 The user as defined below, refers to the internal TPA user(s.)

9.4.2 The user can select an existing message or create a new one

9.4.3 The existing message list presents existing messages from newest to oldest

9.4.4 The existing message list presents the message heading with the active date of posting (from/to)

9.4.5 When creating a message entry the user will have the option to enter a URL and associated text

9.4.6 The user will select the message distribution list from a drop-down list as follows:

- Member
- Employer
- Consultant
- All

9.4.7 When creating a message the user will input a message heading

9.4.8 When creating a message the user will input message text

9.4.9 When creating a message the user will input the active date of posting (from/to)

9.4.10 When creating a message the user will have the option to enter a URL and associated text

9.4.11 To post a new message the user will submit the message

9.4.11.1 At submission the system will check that any defined URL entry is a valid .com and that the format is correct. If there are errors with the URL the user will see a message requesting a change in the input value

9.5 Map Employer Report to RIMS Reports Administration

9.5.1 No requirements defined to date

9.6 Plan Document Administration

9.6.1 The user as defined below, refers to the internal TPA user(s.)

9.6.2 Plan Documents are tied to group #

9.6.3 The user will have a mechanism to select a group number

9.6.4 Group number selection will present a user with a list of associated plan documents and show the selected group number and name

9.6.5 Plan document list may include the Plan Document Worksheet if a Plan document is not available (this document is an internal TPA document only)

9 6.6 The listing of plan documents are organized and presented by group plan

9.6.7 The listing of plan documents presents the plan name, file location, effective date, revision date and status of the plan document

9.6.8 Plan documents can be deleted

9.6.9 Plan documents can be replaced

9.6.10 Plan documents can be added

9.6.11 When adding a plan document the user can add up to 6 different documents, one for each plan type within the plan:

9.6.12 Plan types include:

- Medical/primary
- Dental
- Flex
- Short-term disability
- Vision
- Executive Medical

9.6.13 The user can input a filename for the new plan document or browse to locate a particular file

9.6.14 The user will input the effective date, revision date, status for each plan document

9.6.15 The user can input a message at the document level

9.6.16 A single document message can be marked as internal only or as Web message to the member in place of the document

9.7 FAQ Administration

9.7.1 The user as defined below, refers to the internal TPA user(s.)

9.7.2 All TPA user can create or update FAQ entries

9.7.3 When creating or updating an FAQ entry the user will input the question text for the FAQ entry

9.7.4 When creating or updating an FAQ entry the user will select an FAQ type of 'member' or 'public' or 'employer/consultant' for the FAQ entry

9.7.5 When creating or updating an FAQ entry the user will select an FAQ category of 'claims' or 'benefits' for the entry

9.7.6 When creating or updating an FAQ entry the user will input the answer text for the FAQ entry

9.7.7 There will be a mechanism to submit the new or updated FAQ entry for approval

9.7.8 If the user is a Customer Web Manager they can approve the FAQ entry for immediate publication

9.8 Glossary Administration

9.8.1 The user as defined below, refers to the internal TPA user(s.)

9.8.2 All TPA user can create or update glossary entries

9.8.3 When creating or editing the glossary the user will input the term for the glossary entry

9.8.4 When creating or editing the glossary the user will select a glossary type of 'member' or 'public' for the glossary entry

9.8.5 When creating or editing the glossary the user will input the definition text for the glossary entry

9.8.6 There will be a mechanism to submit the new or updated glossary entry for approval

9.8.7 If the user is a Customer Web Manager they can approve the glossary entry for immediate publication

9.9 Remark Codes Administration

There are no requirements defined to date

9.10 Plan Contacts and Forms Administration

9.10.1 The user as defined below, refers to the internal TPA user(s.)

9.10.2 Plan contacts are tied to group #

9.10.3 When creating or editing a plan contact the user will select a group

9.10.4 When creating or editing a plan contact the user can input an address and phone number by benefit type for the selected group including, Flexible Spending, Short-term Disability and Medical Claims

9.10.5 When creating or editing a plan contact the user can upload a forms related to a plan

9.10.5.1 When uploading a form the user will input a name for the form

9.10.5.2 When uploading a form the user will input the filename and location or use a browse feature

9.10.5.3 Forms can be deleted

9.10.5.4 Forms can be replaced

9.10.5.5 Forms can be added

9.11 Latest News Administration

9.11.1 The user as defined below, refers to the internal TPA user(s.)

9.11.2 The user can select an existing Latest News posting or create a new one

9.11.3 The existing news list presents existing Latest News postings from newest to oldest

9.11.4 The existing News list presents the Latest News heading with the active date of posting (from/to)

9.11.5 When creating a news entry the user will select a distribution list of "all" or "member only"

9.11.6 When creating a news entry the user will input a Latest News heading

9.11.7 When creating a news entry the user will input Latest News text

9.11.8 When creating a news entry the user will have the option to enter a URL and associated text

9.11.9 When creating a news entry the user will have the option to input a PDF filename or browse for its location

9.11.10 The user will submit the request to post the latest news

9.11.11 At submission the system will check that any defined URL entry is a valid .com and that the format is correct. If there are errors with the URL the user will see a message requesting a change in the input value

9.12 Career Opportunities Administration

9.12.1 The user as defined below, refers to the internal TPA user(s.)

9.12.2 The user can delete a job posting

9.12.3 The user can add a new job posting

9.12.4 When adding a new job posting the user will select a location for the position

9.12.5 When adding a new job posting the user will input a job description for the position

9.12.6 When adding a new job posting the user will input a job title for the position

9.12.7 When adding a new job posting the user will input a posting date for the job posting

9.12.8 When adding a new job posting the user will input an expiration date for the job posting

9.13 Fun Link Quiz Administration

There are no requirements to date

9.13.1

9.13.2

9.14 The TPA Portal Features

9.14.1 From the TPA portal users will have access to a variety of features to service customers and find important information including

- View Plan Documents
- Find a Provider
- Log in as an Employer
- Log in as a Member
- User ID Maintenance
- Request a PIN number
- Check PIN number status
- Find a Profile
- Revoke Account Access
- Technical Support
- Glossary
- FAQ

9.15 View Plan Documents

9.15.1 The user as defined below, refers to the internal TPA user(s.)

9.15.2 The user can locate a specific plan document by group, plan or SSN

9.15.3 Plan documents are listed by Group/Plan from the newest to oldest revision

9.15.4 Document listing includes, document name, revision date and access to related messages

9.16 Find a Provider

9.16.1 The TPA user will have access to view all PPO Networks

9.16.2 Functionality will be the same as on thetpa.com today

9.17 Log in as an Employer

9.17.1 The TPA user will have a feature to bring up another browser window and login as an employer

9.17.2 The user will select an employer from a list or input a group number and view the employer portal as that employer

9.18 Log in as a member

9.18.1 The TPA user will have a feature to bring up another browser window and login as a member

9.18.2 The user will input a User ID for a user and view the member portal as that member

9.19 User ID Maintenance

9.19.1 The user as defined below, refers to the internal TPA user(s.)

9.19.2 The user must input the following information to validate the caller as a legitimate member

- Employee SSN
- DOB
- Relationship to employee

9.19.3 If valid the above information will output the following data

9.19.4 First name, last name of the member

9.19.5 Password hint of the member

9.19.6 Password hint answer of the member

9.19.6.1 The eCSR is never to give a member the password hint information, if they can't remember their password hint answer they must re-register. If they don't have access to their original PIN number they must request a new PIN online or the ECSR can do it for them, see section 9.21

9.19.6.2 If the member can give the eCSR the correct password hint answer the User ID will be sent to the e-mail address on file. If the e-mail address on file has changed the member must re-register. If they don't have access to their original PIN number they must request a new PIN online or the ECSR can do it for them, see section 9.21

9.20 Request a PIN number

9.20.1 The user as defined below, refers to the internal TPA user(s.)

9.20.2 The user will enter the following information on behalf of the member

- Employee SSN

9.20.3 If the group associated with the SSN is not a valid online group show not a valid online group error message and content for the ECSR to share with the member

9.20.4 If the group number is an online group the system will display the names, DOB, relationship of all members in that account. The eCSR will ask the caller to validate name, DOB, and relationship before they initiate a new PIN request.

9.20.5 If the member can validate the profile information the user selects the correct member from the list and submits a request for a PIN number.

9.20.6 The user is presented with PIN request complete page with content like expect to receive the PIN in the mail at the address on file

9.20.7 There are no requirements to request a PIN for Employers and Consultants.

9.21 Check PIN number status

9.21.1 The user as defined below, refers to the internal TPA user(s.)

9.21.2 The user will enter the following information on behalf of the member

- Employee SSN

9.21.3 If the group associated with the SSN is not a valid online group show not a valid online group error message and content for the eCSR to share with the member

9.21.4 If the group number is an online group the system will display the names, DOB, relationship of all members in that account. The eCSR will ask the caller to validate name, DOB, and relationship and select a member from the list using that information

9.21.5 For a single member, employer or consultant the PIN Number status screen will display the following information:

- The date of the original PIN generation
- The date of the most recent PIN re-issue
- Current in process status ON/OFF

9.21.6 There are no specific requirements for checking PIN number status for employers and consultants

9.22 Find a member profile

9.22.1 The user as defined below, refers to the internal TPA user(s.)

9.22.2 The user will input a covered employee SSN to locate a single member profile

9.22.3 The system will display a list of names, DOB and relationship to employee

9.22.4 ECSR will select a name from the list and show the user's profile

9.22.5 The system will display the following information from the member profile

- Caller's name
- Relationship to employee (user's type)
- Group number
- Employer name
- Product
- Last login
- Password hint
- Plan number
- Covered employee SSN
- Members first name
- Members last name
- Gender
- E-mail address
- Phone number
- DOB
- Address
- Current Account Access
- Account Access Type??
- Effective date
- Status
- Termination date
- List of covered members
- Benefit types

9.23 Revoke Account Access

9.23.1 The user as defined below, refers to the internal TPA user(s.)

9.23.2 The user will input a covered employee SSN to locate a single member profile

9.23.3 The system will display a list of names, DOB and relationship to employee

9.23.4 The user will select a name from the list and display current account access

9.23.5 The user can revoke account access as defined in section 10.2

9.24 Technical Support

The TPA user will have access to technical support content supplied by The TPA

9.25 Glossary

The TPA user will have access to the public glossary as defined in section

9.26 FAQ

The TPA user will have access to the public FAQ as defined in section

10 Account Access

10.1 Grant Account Access

The member user can grant access to their information at any time.

See Appendix D for proposed TPA disclosure rules

10.1.1 If user is the covered employee with dependent coverage, they can grant access rights of their information to their spouse

10.1.2 If user is the covered employee with dependent coverage, they can grant access rights of their under 18 dependent's information to their spouse

10.1.3 If user is a spouse of a covered employee, they can grant access rights of their information to the covered employee

10.1.4 If user is an over age 18 dependent of a covered employee, they can grant access of their information to either the covered employee or the spouse of the covered employee or both

10.1.5 Each time a member grants access a record of that activity is stored in the access log file associated with the member profile. The log record includes the following items:

- User ID
- Action taken
- Date of the action
- Time of the action

10.1.6 Each time a member grants access to their account, an e-mail message is sent to their e-mail address on file confirming the change has been made.

10.1.7 Account access will expire after a one-year period. A member with expired account access will automatically receive a message in their TPA mailbox informing them of the expiration and providing them with a link to the account access tools. (not built in phase 1).

At expiration the account access reverts to the original permissions as defined in section 6.

10.2 Revoke Account Access

The member user can revoke access to their information at any time. This can be done online or by calling The TPA e-customer service center.

10.2.1 If user is the covered employee with dependent coverage, they can revoke access rights of their information to their spouse

10.2.2 If user is the covered employee with dependent coverage, they can revoke access rights of their under 18 dependent's information to their spouse

10.2.3 If user is a spouse of a covered employee r, they can revoke access rights of their information to the covered employee

10.2.4 If user is an over age 18 dependent of a covered employee, they can revoke access of their information to either the covered employee or the spouse of the member or both

10.2.5 Each time a member revokes access a record of that activity is stored in the access log file associated with the member profile. The log record includes the following items:

- User ID
- Action taken

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- Date of the action
- Time of the action

11 Plan Contacts

11.1 General Requirements

11.1.1 List plan contact name(s) and contact information including Phone #, Fax, e-mail and mailing address by plan

11.2 Member Plan Contacts

11.2.1 Present a listing of plan contacts by plan

11.2.2 Present only those plan contacts associated with the member profile

11.3 Employer Plan Contacts

11.3.1 Provide a mechanism to select a the plan contact to view by inputting employee SSN or a group number

11.3.2 Present a listing of plan contacts by plan

11.3.3 Present only those plan contacts associated with the group/plan

11.3.4 Include Consultant Name and e-mail address from the employer user profile

12 Mail

12.1 Public e-mail

12.1.1 Unsecured Email Service for non-registered site visitors

12.1.2 A Form-based e-mail with the following data fields:

- First name
- Last name
- e-mail address

- Telephone number
- Subject
 - Technical
 - Marketing
 - General
 - Feedback

12.1.3 A text box for message entry

12.1.4 A 'submit' button to remit the-mail form to a defined address

12.2 Member secure mail

12.2.1.1 Provide e-mail notification to the member e-mail address on file that a secure message is waiting for them on The TPA site.

12.2.1.2 When a member has secure message in their 'in-box, there should be a notice on their Member portal page indicating the number of message in their inbox.

12.2.1.3 Member will have the option to review their inbox or their sent mailbox

12.2.1.4 Member will have the option to review both read and unread mail in their inbox and sent mailbox

When viewing a message the member will view the subject and the text for the message and have the option to reply to the message or delete it.

12.2.1.5 Member will have the option to delete both read and unread mail in the inbox and sent mailbox

12.2.1.6 Member will have the option to batch delete sent mail

12.2.1.7 Member will have the option to create a new message

12.2.1.8 Member e-mail text will be collected in a form

12.2.1.9 The e-mail form will have variable data fields dependent on the type of inquiry.

12.2.1.10 Member will select the type of the inquiry as follows:

- General Information
- Claims
- Benefits

12.2.1.11 Sub-type down options (subject) for 'Claims" and "Benefits" include:

- Medical
- Dental
- Short Term Disability
- Flexible Spending account
- Pharmacy

12.2.1.12 Claims or Benefits Inquiries data input fields:

- Claim number OR
- Patient's First Name
- Patient's Last Name
- Date of Service
- Providers' Last Name or Facility Name
- Describe your question or message

12.2.1.13 General Inquiry data fields:

- Describe your question or message

12.2.1.14 The following information will be passed from the user profile for all e-mail inquiries:

Employee SSN

Group number

User name

Relationship to patient

Data access level privilege

Coverage termination date

12.2.1.15 If a user is asking for health/claims information on an individual they do not have the authorization to view, display an error message and explanation of why they cannot view information; and not send the email to Customer Service. Design note: the user will only be able to choose members to which they have access, so this case should not exist.

12.2.1.16 E-mail content and user profile fields will be collected in a database and used to build a Customer Service knowledge management tool in a future phase.

12.3 Employer secure mail

12.3.1 Employer secure mail capabilities will mirror the member capability with the exception of the data collection fields.

12.3.1.1 Employer secure mail will be routed to the Employer specific Customer Web Manager at The TPA

12.3.1.2 Secure mail text will be collected in a form with the following data fields:

12.3.1.2.1 General free form text area for question/message

12.3.1.2.2 Select subject of Message from the following options:

- Claims
- Eligibility
- Marketing Request
- Billing
- Products
- Vendors
- Other

12.3.1.2.3 Group Name (pass this information from the user profile)

12.3.1.2.4 Group Number (pass this information from the user profile)

12.3.1.2.5 Employer Contact/User Name (pass this information from the user profile)

12.3.1.2.6 Contact Phone Number (pass this information from the user profile)

12.3.1.2.7 E-mail Address (pass this information from the user profile)

12.3.1.2.8 Consultant Name (pass this information from the user profile)

12.3.1.2.9 Consultant e-mail Address (pass this information from the user profile)

12.3.2 e-mail content and user profile fields will be collected in a database and used to build a Customer Service knowledge management tool.

13 FAQ

13.1 Member FAQ

13.1.1 Present content for user type "member" only

13.1.2 A Search features that allows user to search for a text string and/or for items in a particular category (only available when admin tool is built).

13.2 Employer/Consultant FAQ

13.2.1 Present content for user type "employer/consultant" only

13.2.2 A Search features that allows user to search for a text string and/or for items in a particular category (only available when admin tool is built).

13.3 Public FAQ

13.3.1 Present content for user type "public" only

13.3.2 A Search features that allows user to search for a text string and/or for items in a particular category (only available when admin tool is built).

14 Glossary

14.1 Member Glossary

14.1.1 Present "member" glossary content, only

14.1.2 Provide an option to search for a string of text with the glossary (only available when admin tool is built).

14.2 Employer Glossary

14.2.1 Present "public" glossary content

14.2.2 Provide an option to search for a string of text with the glossary (only available when admin tool is built).

14.3 Provider Glossary

14.3.1 Providers will have access to the glossary as defined for employers, above.

14.4 Consultant Glossary

Consultants will have access to the glossary as defined for employers, above.

14.5 Public Glossary

Public users will have access to the glossary as defined for employers, above.

15 Online Document Requirements

15.1 Member Online Document Requirements

15.1.1 The Plan Documents available are specific to a single member and is based on their association to a specific group and plan in RIMS, if applicable

15.1.2 Member will have access to the following plan documents in PDF format

- Benefit Plan Information (Plan Document/SPD)
 - Medical
 - Executive Medical
 - Dental
 - Vision
 - Short Term Disability
 - Flexible Spending Accounts

15.1.3 Member will have access to view a list of documents and their effective date.

15.1.4 Member will have access to view the current documents with a link to previous versions

15.1.5 Member will have access to print the documents

15.1.6 Member will have access to download the documents

15.1.7 Member will have access to locate content within a single document using the internal (Adobe Acrobat) table of contents and search functions

15.2 Employer Online Document Requirements

15.2.1 Employers will have access to the plan documents as described in section 15.1.2 – 15.1.7, above

15.2.2 The Plan Documents available are specific to a single employer and is based on their association to a specific group and .

Employers will have a mechanism to input a group number and select a plan

15.3 Consultant Online Document Requirements

15.3.1.1 Consultants will have access to view a list of documents specific to a single employer's benefit plan by selecting an online customer and viewing plan document information from within the employer view.

15.3.1.2 Consultants will have an option to select an employer from a list of employers

15.3.2 The presented list of employers is specific to each consultant and is based on the consultant profile. The TPA will define.

15.3.3 Permission to access the Online Documents for a single employer is defined by the employer contact type in the consultant profile

15.4 TPA Staff Online Document Requirements

15.4.1 TPA Staff will have access to the plan documents as defined in section 9.16, above

16 Claims Inquiry/History

16.1 Claims Inquiry History - Member

16.1.1 Permissions defined by the "data access level privilege" of the member

See Appendix D for proposed TPA disclosure rules

16.1.2 The member may locate personal claims received by The TPA by selecting a previously book marked claim (see section16.1.13) OR

16.1.3 The member will make a series of selections related to plan type, patient and date range to determine which claims are presented for review, as follows:

16.1.3.1 The member will select to review claims inquiries by plan type (Flexible Spending will only be displayed at the summary level and will be shown on the member portal.)

16.1.3.1.1 Benefit plan options include:

- Medical
- Dental
- Short Term Disability
- Flexible Spending - Dependent Care Assistance
- Flexible Spending – Healthcare Reimbursement

16.1.3.1.2 The member can select one or all benefit plan options

16.1.3.2 The member will select to review claims inquiries by patient

16.1.3.2.1 Patient options include:

- All
- Self
- Spouse
- Dependents

16.1.3.2.2 Available patient options are determined by the current user's data access level privileges

16.1.3.2.3 The member can select one or all patient options

16.1.3.2.4 If the member data access privilege is set to 'self access' ONLY do not present patient selection options

16.1.3.3 The member will select to review claims inquiries by a standard set of date ranges

16.1.3.3.1 Standard date range options include:

- Plan Year to date
- A 90-day snapshot – all claims with a date of service within the past 90 calendar days
- A complete history – all previous claims within the past 24 months (if history exists with The TPA) (At launch, we will load claim data from 1/1/00 and keep 24 months going forward).

16.1.3.4 The member has access to set advanced date range search options

16.1.3.4.1 Advanced date range search options include:

- All claims with a date of service within a defined start and end date - Earliest possible date entry 24 months from current date
- All claims with a date of service after a defined date - Earliest possible date entry 24 months from current date
- All claims with a date of service prior to a defined date - Earliest possible date entry 24 months from current date
- All claims with a date of service equal to a defined date - Earliest possible date entry 24 months from current date

16.1.3.5 The member can select one standard date range option OR one advanced date range option ONLY

16.1.3.6 The member is presented with a "Find Claims" option which queries the database and presents claims based on the defined plan type, patient and date range selections

16.1.4 Show claim summary data in a single line of information for each claim as follows:

10/25/00 - 12:29:00

- Plan Type (med, dent, STD, etc)
- Current status of claim
- Date of service
- Patient name
- Provider name
- Total Charges

16.1.5 The member has the option to sort presented claims by plan type

16.1.6 The member has the option to sort presented claims by date of service – default sort

16.1.7 The member has the option to sort presented claims by *service provider*

16.1.8 The member has the option to sort presented claims by claims status

16.1.9 Claims status is one of four values sorted in the following order on screen:

- In process
- Pending
- Resolved
- Rejected

16.1.10 The member has the option to sort presented claims by patient

16.1.11 The member can select a single claim and view detailed information in a defined layout, see Appendix D

16.1.12 The following detailed claim information will display:

- Current status of claim
- Claim Number
- Date of service
- Patient name
- Nature of Service
- Total charges

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- Amount allowed by the Plan
- Amount Not Payable
 - Ineligible Charges — this is more detailed information available in a pop-up window when Amount Not Payable is clicked
 - Explanation of ineligible amount — this is more detailed information available in a pop-up window when Amount Not Payable is clicked – related to remark codes
- PPO Discount
- Copayment
- Deductible
- Coinsurance
- Amount Owed by Patient
- Total member or provider payment in the amount of
- Date Check Mailed
- Check mailed to Member name & address OR
- Check mailed to Provider name & address
- Adjustment Taken
 - Adjustment taken is a yes/no field. The TPA will provide content here

See Appendix D for an example of an on screen claim inquiry

16.1.13 The Member has the option to bookmark a single claim

16.1.13.1 Bookmarking saves a pointer to an individual claim query and lists the information by provider/patient and date of service.

16.1.13.2 The member has the option to delete existing bookmarks

16.1.13.3 Limit bookmarks to 10 based on PIN

16.1.14 Store historical data for 24 months

16.1.15 Archive historical data (not built in phase 1)

16.1.16 When viewing a specific claim provide claims e-mail capabilities with the following requirements:

16.1.16.1 E-mail automatically sent to the e-customer service center

16.1.16.2 Default subject type to Online Claims Inquiry

16.1.16.3 Pass the following information from the user profile:

- Claim number
- Patient first name
- Patient last name
- Employee SSN
- Group number
- Member name (user)
- Relationship to covered employee
- Data access level privilege
- Coverage termination date

16.1.16.4 Allow for free form text input limited to 1000 characters

16.1.17 When viewing a specific claim provide links to the following services:

- Member Deductible Status Report
- Explanation of Benefits Tutorial
- Glossary of Terms
- Plan Documents

16.2 Claims Inquiry / History - Employer

16.2.1 Permissions defined by the customer contact type in the user profile

See Appendix D for proposed TPA disclosure rules

16.2.2 The following employer contact types have unlimited access to the Employer Claims Inquiry/History services:

- Benefits
- Primary
- Billing

16.2.3 The employer contact may locate personal claims received by The TPA for their employees by selecting a previously book marked claim (see section 16.1.13)

16.2.4 The employer contact may locate personal claims received by The TPA for a specific employee by inputting a covered employee SSN

16.2.5 The employer contact will make a series of selections related to plan type, patient and date range to determine which claims are presented for review, as follows:

16.2.5.1 The employer contact will select to review claims inquiries by plan type, depending on the types of plans administered for each employer

16.2.5.1.1 Possible Benefit plan options include: (Flexible Spending will only be displayed at the summary level and will be shown on the member portal.)

- Medical
- Executive Medical
- Dental
- Short Term Disability
- Flexible Spending - Dependent Care Assistance
- Flexible Spending – Healthcare Reimbursement

16.2.5.1.2 The employer contact can select one or all benefit plan options

16.2.5.2 The employer contact will select to review claims inquiries by patient

16.2.5.2.1 User will select one or all patient options as follows:

- All
- Employee
- Spouse
- Dependents

16.2.5.3 The employer contact will select to review claims inquiries by a standard set of date ranges or set and advanced date range as defined for members in section 16.1.3.3 – 16.1.3.4

16.2.5.4 The employer contact is presented with a "Find Claims" option which queries the database and presents claims based on the defined plan type, patient and date range selections

The employer contact is presented with claim summary data in a single line of information for each claim as defined for members in section 16.1.4 – 16.1.12 with the exception of the provider name and address

16.2.5.5 The employer has the option to bookmark a single claim as defined for members in section 16.1.13

16.2.5.6 Store historical data for 24 months

16.2.5.7 Archive historical data

16.2.5.8 When viewing a specific claim provide claims e-mail capabilities as defined for members in section 16.1.16

16.3 Claims Inquiry / History – Consultant

16.3.1 Consultants will have access to view claims specific to a single employer's benefit plan by selecting an online customer and viewing claims information from within the employer view.

16.3.2 The Consultant can display Claims Inquiry/History information as defined for employers, above if access is permitted

16.3.3 Permission to access Claims Inquiry/History for a single employer is defined by the employer contact type in the consultant profile

17 Find a Provider

17.1 Find a Provider - Member

17.1.1 Member will have access to view a list of available PPO Network associated with their plan

17.1.2 This feature will function as it does today on thetpa.com

17.1.3 Provider list determined by the PPO Network affiliation field in the member profile. (At the plan level in RIMS)

17.2 Find a Provider - Employer

17.2.1 Employers will have access to view a list PPO Network within the limits of their benefit plan

17.2.2 This feature will function as it does today on thetpa.com

17.2.3 The presented PPO list determined by the PPO Network affiliation field in the employer profile. (At the group level in RIMS)

17.2.4 Employers will also have access to view all provider networks available on The TPA site

17.3 Find a Provider - Consultant

17.3.1 Consultants will have access to view a list of providers specific to a single employer's benefit plan by selecting an online customer and viewing PPO Network information from within the employer view.

17.3.2 This feature will function as it does today on thetpa.com

17.3.3 Consultants will have an option to select an employer from a list of employers on the consultant portal page

17.3.4 The presented list of employers is specific to each consultant based on the consultant profile - The TPA will define

17.3.5 Consultants will have an option to view a list of PPO Networks within the limits of the benefit plan for the previously selected employer

17.3.6 The presented PPO Network list is determined by the PPO Network affiliation field in the employer profile (At the group level in RIMS)

17.3.7 Consultants will also have access to view all provider networks available on The TPA site from the consultant portal page

18 Healtheon/Benefit Central Enrollment/Eligibility

18.1 General Requirements

18.1.1 Exchange security data with Healtheon/WebMD to provide a single login for TPA clients (Not in phase 1. Users will have to log in again.)

18.2 Member Requirements

18.2.1 Provide access to the following Healtheon Benefit Central content areas:

- Enrollment
 - Select Benefits
 - Make/Review your current benefits selections
 - You and Your Family
 - Beneficiaries
 - Other Health Insurance Policies
 - Make a Change in Family Status (New Events)
 - The Food Computer

18.3 Employer Requirements

18.3.1 Provide access to the following Healtheon Benefit Central service areas:

- Enrollment
 - Add Participant

- Eligibility
 - Edit Person Record
 - Process Approvals
 - Print Eligibility reports

19 Integrate Web MD content into The TPA site.

19.1 Web MD General Requirements

WebMD content will appear on the main portal page for each online user type

WebMD content will be specific to the user type (member, employer, provider, consultant)

To date there are requirements specified for WebMD news content only. Additional content requirements will be defined by The TPA

19.2 Web MD Member Requirements

19.2.1 Member is presented with Headline News content with the following requirements:

19.2.1.1 Member is presented with 5 top stories from Web MD with links to the full story. – WebMD will host this information

19.2.1.2 Member will have the option to link to stories from previous 30 days – The TPA will store this information (if feasible) (Not in phase 1)

19.2.1.3 Member will have the option to search the top story headlines by keyword (if feasible) (Not in phase 1)

19.2.2 Member is presented with Top News story content with the following requirements:

19.2.2.1 Member is presented with the full story for this content WebMD content potentially hosted by The TPA

19.3 Web MD Employer Requirements

19.3.1 Employer is presented with Employer specific Headline News content as described above for members in section 19.2

19.3.2 Employer is presented with Employer specific Top News Story content as described above for members in section 19. 2

19.4 Web MD Providers Requirements

19.4.1 Provider is presented with Provider specific Headline News content as described above for members in section 19.2

19.4.2 Provider is presented with Provider specific Top News Story content as described above for members in section 19.2

19.5 Web MD ConsultantConsultant Requirements

19.5.1 Consultant

19.5.2 Consultant is presented with Consultant specific Headline News content as described above for members in section 19.2

19.5.3 Consultant is presented with Consultant specific Top News Story content as described above for members in section 19.2

19.6 Web MD Public Requirements

Provide specific modules of WebMD content to the public site The TPA will define

20 Online Pharmacy

20.1 General Requirements

The Online Pharmacy logo on the member/employer portal page will reflect the user specific pharmacy affiliation from the member/employer profile.

20.2 Online Pharmacy - Member

20.2.1 Member will have a link to online Pharmacy Benefit Management (PBM) services through one of the following online vendors.

- Merck – Medco (merckmedco.com)
- Advance Paradigm (advancedrx.com)

20.2.1.1 Member PBM link will be determined by the PBM affiliation in the member profile (at the Plan level in RIMS)

20.2.1.2 Members assigned to MerckMedco.com and Advance Paradigm will link to a co-branded site

20.2.1.3 Exchange security data with Merck-Medco.com and Advance Paradigm to provide a single login for The TPA members (not in phase 1)

20.2.1.4 Members assigned to another PBM will need a path back to The TPA site from the PBM site

20.2.1.5 A Member with no assignment will be presented with a pop-up message disclaimer and automatically sent to a default PBM (MerckMedco.com)

20.3 Online Pharmacy – Employer

20.3.1 Employer will have a link to online Pharmacy Benefit Management (PBM) services through one of the following online vendors.

- Merck – Medco (merckmedco.com)
- Advance Paradigm (advancedrx.com)

20.3.1.1 Employer PBM links will be determined by the PBM affiliation in the employer profile (at the Group level in RIMS) Employers could have more than one PBM affiliation

20.3.1.2 If employer has more than one PBM affiliation in their user profile present a list of options for selection

20.3.1.3 Employers assigned to MerckMedco.com or Advance Paradigm will link to a co-branded site

20.3.1.4 Exchange security data with Merck-Medco.com and Advance Paradigm to provide a single login for The TPA employers (not in phase 1)

20.3.1.5 Employers assigned to another PBM will need a path back to The TPA site from the PBM site

20.3.1.6 An Employer with no assignment will be presented with a pop-up message disclaimer and automatically sent to a default PBM (MerckMedco.com)

20.4 Online Pharmacy – Consultants

20.4.1.1 Consultants will have an option to select an employer from a list of employers and view the online pharmacy from within the employer view

20.4.2 The presented list of employers is specific to each consultant and is tied to the field in the user profile. The TPA will define.

20.4.3 Permission to access the Pharmacy for a single employer is defined by the employer contact type in the consultant profile

20.4.4 Consultant will have access to view all Pharmacy vendors from the Consultant portal page. This will be a link to a list of Pharmacy Vendors

21 Auto PIN Generation

21.1 General Requirements

21.1.1 Every online user needs a PIN number

21.1.2 An online user must be a member of an online group

21.1.3 The TPA will define what groups are online users – this will be a manual process in Phase 1

21.1.4 Specific user types within an online group can be one of the following, as defined in CPAT:

- Covered employee members
- Covered employee dependents over age 18
- Covered employee spouse
- Employer contacts assigned a specific Web contact type
- All Consultants/Consultants

21.1.5 The corporate database houses data for online groups only

21.1.6 CPAT stores information concerning which groups are online users

21.1.7 RIMS stores information concerning sub-groups that are part of a CPAT defined group

21.1.7.1 There is a one-to-many relationship between a CPAT group and the RIMS subgroup

21.1.7.2 Phase 1 will assume the relationship between a CPAT group and RIMS subgroups is a one-to-one relationship

21.1.8 An online group in CPAT defines all related subgroups as online also

21.1.9 A Web contact access defined for a single CPAT group grants the associated Web access to all the related RIMS subgroups' online data

21.1.10 PIN number is auto generated at the time data is imported into the corporate database

21.1.11 Every new online user or newly eligible online user (e.g., dependents turn 18) that hits the database must have a PIN generated. This is automatic PIN generation for member types for Phase I. Automatic PIN generation for other user types will be included in future phases. For launch, this will be done manually for employers. Decision on consultants is needed from Rob Brook.

21.1.12 PIN number is tied to the user record and cannot be reassigned

21.1.13 PIN number can be reissued to the user who owns the associated record

21.1.14 PIN number format is related to the user type

21.1.14.1 PIN number format is a 7 digit number with a 2 digit prefix specific to the user type followed by 5 random, non repeating alpha/numeric characters

21.1.14.2 User specific prefixes are as follows:

- Member - ME
- Employer – ER
- Consultant – BC

21.1.15 The initial data source for online user types is as follows:

- RIMS - Members (Covered employees, spouse and over age 18 dependents)
- CPAT - Employers
- CPAT - Consultants

21.2 PIN Generation Processing:

21.2.1 PIN generation is generic process and used for all user types, including members, employers and consultants.

21.2.2 PIN generation process is run at a regularly scheduled interval, i.e. every evening at a specific time

21.2.3 The output file for each daily PIN generation routine is stored in a separate file

21.2.4 The data generated by the auto PIN generation process is stored in the corporate database

21.2.5 At completion of the PIN generation process the output file is forwarded to The TPA's mailing service

21.2.6 The TPA's mailing service is an external vendor - MDS in Eagan, MN

21.2.7 The PIN generation output file is forwarded to the mailing service via e-mail or FTP services

21.2.8 At the time the PIN generation process is completed an e-mail will be sent to The TPA corporate communications specialist – LeeAnn Schray. This e-mail will contain a summary of a single PIN generation session, i.e. number of records by user type and the date of processing, and a link to view the contents of the entire output file

21.2.9 The filename for the PIN generation output file will be a date and time stamp reflecting the processing date

21.2.10 There will be a single PIN generation output file for all user types

21.2.11 The PIN generation output file will be sorted by user type

21.2.12 At processing a flag will be set in the member record that indicates the request for PIN has been generated

21.2.13 At processing the output file will be flagged as processed and stored for a defined interval in the corporate database

21.2.14 When the PIN number is generated for a user record for the first time the date of processing is recorded in the PIN generation data field in the user profile

21.2.15 If a PIN number is being reissued the user record will indicate the subsequent PIN generation date in a separate data field labeled date of re-issue

21.2.16 The PIN generation date will always reflect the date of the initial PIN number generation process

21.2.17 If a PIN number has been requested but not processed the user record will indicate that PIN generation is in process

21.2.18 The mailing service will distribute a user packet specific to the user type based on data in the output file

21.3 PIN generation for Members

The following requirements are used in conjunction with the generic PIN generation process and are specific only to members (covered employee, spouse, over age 18dependent.)

21.3.1 See Appendix D for proposed TPA disclosure rules

21.3.2 Members (Covered employee, spouse, over age 18 dependent) that are members of an online group are defined as online members and require PIN generation

21.3.3 The PIN generation output file will list the following information for each member

- First Name
- Last Name
- Mailing Address (default to employer address if member address is not available)
- PIN number

21.4 PIN generation for Employers

The following requirements are used in conjunction with the generic PIN generation process and are specific only to employers.

21.4.1 Phase 1 – employer contacts associated with an online group that have contact type defined as one of several Web contact types are defined as online employer contacts and require PIN generation

21.4.2 The PIN generation output file will list the following information for each employer Web contact

- First Name
- Last Name
- Group Number
- Group Name
- Mailing Address (CPAT)
- PIN number

21.5 PIN generation for Consultants

These elements are used in conjunction with the generic PIN generation process and are specific only to consultants.

21.5.1 Phase 1 – consultants with online customers ONLY are defined as online and require PIN generation

21.5.2 Need further understanding of how consultants are tied to a customer. The Consultant Contact reference page (thetpaonline.com) could be a useful in understanding the current process

21.5.3 The PIN generation output file will list the following information for each consultant contact

- First Name
- Last Name
- Firm Name

- Mailing Address
- PIN number

21.6 The TPA Internal PIN Generation services:

Refer to section 9.22 and 9.23

22 Deductible Status Report

22.1 Member Deductible Status

22.1.1 Deductible Status Information is stored in the member profile and is is specific to a member plan

22.1.2 Data includes current deductible and out-of-pocket status for each patient (individual) and all members covered under the plan (family) for 'Deductible Satisfied' and 'Plan Deductible'

22.1.2.1 Deductible satisfied

- In Network Deductible satisfied
- Out of Network Deductible satisfied
- In Network out of pocket limit met
- Out of Network out of pocket limit

22.1.2.2 Plan Deductible

- Plan In-Network Deductible
- Plan Out of Network Deductible
- Plan In Network out of pocket limit
- Plan Out of Network out of pocket limit

22.1.3 See Appendix A for a visual layout of this information

22.1.4 There will be a link from this page to the following services:

- Claims History
- Explanation of Benefits

- Glossary of Terms
- Plan Documents

22.2 Employer Deductible Status

22.2.1 The employer has access to view the deductible status for a single covered employee by inputting their SSN

22.2.2 The employer will view the deductible status information as described above from members

22.3 Consultant Deductible Status

22.3.1 Consultants may have access to view deductible status information from the employer view feature based on data access privileges.

23 Report Generation

23.1 General Report Requirements

23.1.1 Export report data from The TPA RIMS System

23.1.2 Convert file to a specific Web ready format dependent on report content

23.1.2.1 Origin file will be the standard RIMS reports stored in an ASCII spooler text file, specific Printer control characters will need to be removed prior to conversion into the standard formats.

23.1.2.2 Web Ready formats will include a standard text for and Data Interchange Format (DIF).

23.1.2.3 Where the selected report format allows, reports should be summarized and a graphical representation of the summary data should be included in the top or header portion of the report file or provide the option to select report format.

23.1.2.4 If technically feasible the following reports require graphical representation

- Coverage Analysis (RCA)
- PPO Savings (PCS)

- Paid Claims Analysis (RPC)

23.1.3 Provide report data in a compressed format.

23.1.4 Post the reports on the Web

23.1.4.1 Provide the facility for employer groups to store reports automatically. Monthly reports 4 months, qtr reports 4 QTR's annual reports 2 years. All storage levels will need to be built up post web implementation. We will not attempt to convert historical reports to satisfy the archive requirements

23.1.4.2 An automated process of purging reports that have expired will be required

23.1.5 Send e-mail notification to clients with a link back to the client specific report on the site when the monthly invoice is posted and due

23.1.6 Set appropriate permissions as defined by section 4

23.1.7 Provide mechanism to view reports

23.1.8 Provide mechanism to print reports

23.1.9 Provide mechanism to download reports

23.1.9.1 Archive historical data

23.1.9.2 Provide the facility for employer groups to store reports automatically. Monthly reports 4 months, qtr reports 4 QTR's annual reports 2 years. All storage levels will need to be built up post web implementation. We will not attempt to convert historical reports to satisfy the archive requirements

23.1.9.3 An automated process of purging reports that have expired will be required

23.2 Member Reports

23.2.1 Provide the following list of Member reports:

- Deductible Status Report, see section 22 above
- Flexible Spending - Enrollee Activity Statement (FSAS)

23.3 See Appendix B for detailed descriptions and frequency of specific reports Employer Reports

23.3.1

Employer reports will be listed in the following categories

- Financial
- Stop Loss
- Benefit Trend(refer to Appendix B: for reports by category)

23.3.2 Provide the following list of Employer Reports:

- Coverage Analysis (RCA)
- Paid Claims RPC)
- Monthly invoice
- Check Register
- Flexible Spending - Enrollee Account Summary (FSAR)

23.3.3 See Appendix B for detailed descriptions and frequency of specific reports There is a need to provide the following information in a report format

23.3.4 This information is found in the employer profile data.

- Number of employees by plan
- Number of employee claim inquiries via the Web
- Claims Processed (weekly and monthly running totals)
- Claims dollars processed (weekly, monthly & yearly running totals
- Week to date payments

23.3.5 No specific requirements aside for those include the Employer "Plan at a Glance" requirements (section 8.2.3.4) are documented to date.

23.4 Provider Reports

No reports needed.

23.5 Consultant Reports

23.5.1.1 Consultants will have an option to select an employer from a list of employers and view reports for online customers from within the employer view based on data access privileges.

23.5.2 The presented list of employers is specific to each consultant and is tied to the user profile. The TPA will define.

23.5.3 Permission to access Reports for a single employer is defined by the employer contact type in the consultant profile

See Appendix B for detailed descriptions and frequency of specific reports

23.6 Site Metric Requirements

23.6.1 The TPA will define requirements for site metrics.

23.6.2 Provide the following list of Internal Reports:

- Site Usage
- Employer Usage Patterns

24 Security

24.1 Security Model

24.1.1 There must be a tiered security model to allow for multiple permission levels for both the TPA internal facing and the public facing portion of the site.

25 Forms Library

25.1.1 Member forms

25.1.2 Read-only forms will be available for members to view and print online

25.1.3 Forms will be presented based on group and plan affiliation specific to a member profile

25.1.4 The content for the forms will be provided by The TPA

25.2 Employer Forms

25.2.1 Read-only forms will be available for employers to view and print online

25.2.2 Forms will be presented based on group and plan affiliation specific to an employer profile

25.2.3 The content for the forms will be provided by The TPA

25.3 Consultant Forms

25.3.1 Consultants will have access to view forms as an employer (above) from the employer view feature, based on their access privileges

26 Employer Tools

26.1 Employer Administrative Tools

26.1.1 The Employer Message Tool

26.1.2 Provide a tool to customize a message from the Employer (i.e. Human Resources). to employer plan members.

26.1.2.1 The message will appear in a defined place on The TPA member portal page.

The Employer message tool will be identical in function to The TPA message tool without the capability to selection a distribution.list, see section 9.2

26.2 Other Employer Tools

26.2.1 Provide Employers with the ability to LOCATE A (Managed Care) NETWORK. This feature has already been built on our corporate site (www.thetpa.com) so it just needs to be updated for design style and identity.

26.2.1.1 Provide Employers with the ability to manage update employer contact types, based on technical feasibility

27 Consultant Tools

27.1.1 Provide Consultants with the ability to LOCATE A NETWORK. This feature has already been built on our corporate site (www.thetpa.com) so it just needs to be updated for design style and identity.

EXHIBIT PAGE

28 Future Possibilities – Phase II

Installation Kit

28.1 Employer Application

28.1.1 The employer application process is initiated by e-mail notification

28.1.2 The e-mail is a system generated communication to the key employer contact with information and a link back to the online application at The TPA

28.1.3 Access to the application site is secured via a temporary login name and password

28.1.4 User will have access to view and update plan contact information on the application site

28.1.4.1 Update capability will be limited to certain data fields

28.1.4.2 View only data fields will be noted differently in some manner

28.1.4.3 User will select an update button to activate any changes to the application

28.1.4.4 User can review changes and update information at any time during the session

28.1.4.5 Updated data must be approved by primary customer contact before it is final. Approval notification distributed via e-mail

28.1.5 User will have access to define additional contacts and set their security levels on the application site, including one or more of the following options:

- View only
- Edit

- Delete

28.1.6 User will submit changes to complete the update of Plan Contact and Security Access

28.1.6.1 The customer manager must approve updated data before it is final. Approval notification distributed via e-mail

28.1.7 User will have access to view and edit product information

28.1.7.1 Product information is presented in 3 categories:

- Products and services currently assigned to the employer application record
- Products and services that are available from The TPA but are not presently assigned to the employer application record
- Product and services that are pending action on behalf of the employer

28.1.7.2 User will have access to submit a message to plan contacts or TPA contacts in order to initiate a change in product and services listed on the application record.

28.1.7.2.1 When submitting a message the user will select a plan contact or TPA contact from a predefined list of contacts

28.1.8 The user will receive notification at login that their application is incomplete until their application is submitted for approval

28.1.8.1 There will be an online tool for The TPA customer manager to schedule the frequency of e-mail notification to the employer applicant

28.1.8.2 e-mail notification will be automatically delivered during the time that an employer application is pending submission for approval

28.1.8.3 Employer application will receive e-mail notification messages at login while their application is pending approval

28.1.8.4 Message frequency is set to a default value of "once a week"

28.1.8.5 Message frequency can be set to one of the following values by the TPA Customer Manager:

- Once a day
- Once a week
- On a specific day

28.1.8.6 At application submission the automated message delivery is ceased

28.1.9 Once the Product and Service Validation has been completed an implementation project plan is presented see section

28.1.9.1 Approval notification distributed via e-mail

Plan contacts, security level access and product and services validation processes all must be submitted before an implementation project plan can be created.

28.1.10 The Implementation Project Plan

28.1.10.1 The Implementation Project Plan is generated from the Products and Services section of the completed application

28.1.10.2 The Implementation Project Plan displays a *start date* for each product or service with critical milestone dates noted (flashing or highlight to indicate urgency)

28.1.11 The start date = effective date - x number of business days

28.1.11.1 x *number of business days* = the number of business days required to finalize each product or service plus the number of business days required as a lead time for each finalized product or service

28.1.11.2 The *start date* for each product or services is subject to change until the employer has finalized the products and services validation and it has been approved

Effective date does not change but failure to meet application deadlines could delay claims payments

28.1.12 High level steps to complete online application includes:

1. Complete Plan Design Worksheet

2. Complete Vendor Forms and send notification to vendors
3. Secure customer service phone numbers/UR phone numbers
4. Complete all internal forms
 - Group Set Up Form
 - Financial Set Up Form
 - COBRA Administration
 - HIPPA Administration
 - NYHCRA Administration
 - PBM Set Up Form
 - Directory Request Form
 - Medical Management Notification (Set Up Form)
 - Optum Set Up Form
 - Flexible Spending Set Up
 - Eligibility Parameters
 - Subrogation
 - Reporting Requirements (RiMS)
 - Reporting Needs CHS
5. Complete all Contracts
 - Stop Loss
 - Administrative Services Agreement
 - Admin Agreement includes schedules. Schedules include
 - Medical Management,
 - URN Transplant Services,
 - Flexible Spending,
 - COBRA,
 - Corporate Health Strategies,
 - Subrogation
 - Online Enrollment
 - PBM
 - Optum
 - PPO Agreements

28.2 Installation Kit Reports

28.2.1 Report the number of days required to implement new business - Less than 500 lives = 30 days, 500 – 4999 lives = 60 days, over 5000 = 90 days. This varies by number of PPO's sold, number of locations, etc.

28.2.2 Report % of critical milestones achieved by target date

28.3 Virtual ID Cards

28.3.1 Virtual ID Cards

28.3.1.1 Virtual ID Cards are something that we want to quickly develop in Phase II. It allows Employers, Consultants and Members to print out a replica of their personal Identification Card that identifies the following:

- Employer's Name
- Group Number
- Employee's SSN
- Employee Name
- PPO Network Affiliation (s) – could be more than 1
- PBM Affiliation
- The TPA's Logo
- Claims office address (for submitting claims) and phone number
- Utilization Review/Pre-Certification phone number
- PBM Phone number

Performance Guarantees

28.4 General Data Requirements

28.4.1 The Performance Guaranty information stored includes the following

- Confirmed Effective Date
- Proposed Future Effective Date

- Suspension Date
- Release of Suspension Date
- Required Date for fully executed Plan Document and Customer Agreement(s)
- Customer Name
- Group Number
- Document Status
- Medical Enrollment Lives
- Medical Billed Rate
- Performance Guaranty Information
- Amount at Risk (Percentage)
- Penalty Percentage by Category
- Actual Amount of Penalty by client, by Category (based on Finance's booked revenue)
- Consultant First and Last name, Firm name for Customer

28.4.2 Send e-mail notification to clients with the status of their Performance Guaranty with Link to site including:

28.4.3 Export report data from CPAT System

28.4.4 *Provide tool to edit this information, if necessary*

28.4.5 Export client financial data from Finance System (Solomon?)

- Actual Amount of Penalty by client, by Category (based on medical administration booked revenue)

28.4.6 Export report data from the RIMS System

- AT report

28.4.7 Export report data from Nortel and Lucent phone Systems in each operations office by "Hunt group" (a group of clients that are on one unique phone number)

28.4.8 Calculate metrics based on reports from the RIMS System, Phone Systems, & 2% of claims audited by QA:

- Procedural Accuracy (QA Excel spreadsheet)

- Financial Accuracy (QA Excel spreadsheet)
- Turn Around Time (AT Report) based on processed date
- Average Speed to Answer Calls (Lucent and Nortel)
- Abandonment Rate of all calls (Lucent and Nortel)

28.4.9 Merge all report information for client reporting purposes and display results on a:

- Monthly basis (only for internal TPA reporting)
- Cumulative on a quarterly basis
- Cumulative 6 months (only necessary if a performance standard is missed in a prior quarter)

28.4.10 Post the Performance Metrics on the Web for each client who has an Active Performance Guaranty

28.4.11 Send e-mail notification to clients with a link back to the client specific report on the site.

28.4.12 Set appropriate permissions to allow The TPA internal staff to temporarily "de-activate" certain clients and their corresponding report results. (Permission access to be determined)

28.4.13 Send e-mail notification to clients with a link back to the client specific report on the site.

28.4.14 Provide mechanism to view reports

28.4.15 Provide mechanism to print reports

28.4.16 Provide mechanism to download reports

28.4.17 Archive historical reports

28.5 Consultant Reporting

28.5.1 Send email notification to consultants with a link back to the Quarterly Performance Guaranty Report which lists results of all PG clients for a specific consultant's clients

28.6 TPA Staff Reporting

28.6.1 Monthly reporting is available to internal staff members based on CPAT privileges (staff can see only "their" assigned clients).

28.6.2 Client report results displayed should:

- Sort by any column
- Select by report frequency (monthly, cumulative quarter, semi-annual)
- Select specific client information based on Group number or from drop down list

Miscellaneous Requirements

28.7 New Employer contact types:

- ConsultantOpen
- ConsultantLimited

28.8 e-chat / Call Back Service for the secure portals

28.9 Integrated Call Center solution

28.9.1 Provide a solution to tie the e-customer care center to the call center

28.10 Present syndicated content to Members based on past claim history

28.11 Claims Reporting – Members and Employers

28.11.1 Prescription Drug – claims information from an external source, i.e. Merck Medco

28.12 Stop Loss Claims Reporting - Employers

28.12.1 Provide access to member specific information by covered member SSN.

28.12.2 Provide a single line of information for each member (family member) covered by the plan as follows:

- Member Name

- YTD Benefit Payments made
- Amount over Specific
- Percent of Specific

28.13 Employer tools

28.13.1 Provide a tool to build a survey and post to employer plan members. This tool should have a simple administrative component for employers - The TPA will define

28.14 COBRA

28.14.1 Integrate COBRA as a internal TPA user type for mail forwarding capabilities

28.14.2 Integrate COBRA as a benefit type

28.14.3 Integrate COBRA data fields into the user profile data

- Date Last COBRA payment received (from CobraEase)
- Due date of next COBRA premium payment (from CobraEase)
- COBRA premium 'paid through' date (from CobraEase)

28.15 Procedure code/Diagnosis code

28.16 The TPA Online Document Requirements

28.16.1 There will be an online workflow to post draft documents to the Web for review access by TPA staff, employers and Consultants ONLY

28.16.1.1 There will be an automated approval process

28.16.1.2 There will be an automated version control process

28.16.1.3 There will be an automated archival process

28.16.2 There will be a mechanism to post approved documents to the Web for access by The TPA, employers and members

28.17 Member Online Document Requirements

28.17.1 Member will have access to search across all documents

28.18 Provider Online Document Requirements

28.18.1 What determines which Schedule of Benefits Overview documents are presented to the Provider?

28.18.2 Provides will have access to the following plan document in a read-only format

- Schedule of Benefits Overview
- Amendments associated with the above document if exist

28.18.3 Providers will have access to view, print, download and search the document as described in section 15.1.3 - 15.1.7, above.

28.19 Other Syndicated Content - General Requirements

28.19.1 The TPA will use a variety of data sources to deliver content to their constituents

28.19.2 The TPA will provide access to specific modules of syndicated content based on The TPA 'user type'

28.20 The TPA user will need a visible option to return to The TPA site from the syndicated content pagesReporting

28.20.1 Members and Employers assigned to MerckMedco.com will have a link to online reports

28.20.2 Online PBM reporting

28.20.3 Consultant Status Report

28.20.4 Provide the ability for employer to use, create free form queries in building their own reports

28.21 Secure Mail Forwarding

28.21.1 The TPA will need to forward secure mail correspondence to external contacts such as:

- Preferred Provider organization
- Pharmacy vendor
- Banking
- Medical Management

28.22 FAQ

28.22.1 Enhance the FAQ search tools to include the capability to link to related information as part of the output of a search

28.22.2 Key phrase/words form the plan specific Schedule of Benefits Overview should be linked to the Search capability. This will not be technically feasible until these documents are data based.

28.23 PIN Generation

28.23.1 Phase 2 will implement an automated strategy to address the one-to-many relationship between CPAT group and their associated RIMS subgroup(s)

28.24 The TPA List-serv

28.24.1 Provide an e-mail ListServ feature to distribute The TPA newsletter – TPA will define the need

Exhibit 2 Page 88 of 95

Appendix A. Deductible Status Report

	In Network Deductible satisfied	Out of Network Deductible satisfied	In Network out of pocket limit met	Out of Network out of pocket limit
Satisfied to Date: 2000				
Patient	$ 47.20		$ 90.00	
Family	$ 300.00		$ 460.00	
Your Plan Benefits:				
Patient	$ 150.00	$ -	$ 200.00	$ -
Family	$ 300.00	$ -	$ 500.00	$ -

Confidential - Property of Aetna

Appendix B. RIMS Standard Reporting Package - Core Reports

Report Title	RIMS Name	Format	Description/Definition of Report	Frequency of Report
Financial				
Check Register	RMC		The register shows the number and amount paid for claim checks, manual checks, adjustments, no-pay checks, refunds and voided checks, with a grand total for the month.	Monthly
Paid Claims Analysis	RPC	graph	Paid claims by line of coverage and associated account structure. Data can be run by claimant, family or recap totals.	Monthly
Stop-Loss				
Reinsurance Census	RCR		Provides month-by-month census, aggregate attachment point(s), aggregate claims and total paid claims on a plan year-to-date basis.	Monthly
Specific Analysis	ISA		Lists claimants who are over 50% of their individual or family specific stop-loss attachment point. Shows total paid amount year-to-date and amount over the specific stop-loss level.	Monthly
Benefit Trend				
Contract Discount Analysis	XTPAPDR	graph	Compares PPO, non-PPO and out-of-area claim information, and shows PPO savings amounts.	Quarterly
Coverage Analysis	RCA	graph	Compares claim payment information of coverage codes from prior plan year to current plan year. Useful in trending utilization and cost patterns from one year to the next year.	Semi-Annual
Claim Lag Study	RLS		Summarizes claims incurred and paid by month. The report is a matrix with 24 claim-incurred months down the side and 12 claim paid months across the top. Assists in determining average claim lag (either dollars or percentage) for accrual of incurred but not reported (IBNR) claim amounts.	Annual
Diagnosis Code Analysis	RDX		Detailed breakdown of census information, gender and age, by diagnosis code. Helpful in trending costs based on population, implementing disease management or nurse line programs.	Annual
Disability				
Disability History	JCH		Lists all disability payments issued by enrollee check number, paid date, and taxes withheld.	Monthly

Appendix C. Access Privileges

TPAOnline Access Privileges for Employer Contacts and Consultants

Access Level	Update Info	Enrollment/ Eligibility (Benefit/Central)	Claims Inquiry/ Ded. Status	Reports		Invoice	Post Employee Message(s)
				Finance/ Stop Loss	Benefit/Other		
Primary	X	X	X	X	X	X	X
Executive				X	X	X	
Finance				X		X	
Billing			X			X	
Benefits A		X			X		
Benefits B		X	X	X	X	X	X
Administrative							X

Appendix D. Claims History - View Select Claim Format

Status:	Paid	Amount allowed by plan:	$110.00
Claim number:	0004567	PPO Discount:	$ 20.00
Patient:	John	Amount not payable:	$ 0.00
Date of Service:	12-4-99	Deductible:	$ 0.00
Nature of Visit:	Office Visit	Co-pay:	$ 10.00
Total Charge:	$110.00	Coinsurance percentage:	100%

Check number:	5634	Date issued:	1/5/00
Payable to:	Dr. Smith	In the Amount of:	$ 80.00

Patient owes:	$ 10.00

Adjustment taken? Yes/No (explanation of adjustment)

Bookmark this claim?

Help on this claim?

Appendix E. Health Information Disclosure Rules

The TPA Online

29 PROPOSED RULES

FOR
DISCLOSURE OF PERSONAL HEALTH INFORMATION

An employee may be given access to his/her own health information and that of his/her children, except the employee may not (in the absence of written authorization) access information relating to:

1. Children over age of majority;

2. Minor children who are "emancipated" under state law (i.e., married/child-bearing/self-supporting); or

3. Minor children if the records at issue relate to one of the following services and those services were sought and consented to by the child alone in a manner authorized by state law:

 a. Drug/alcohol treatment;

 b. Abortion/pregnancy counseling/treatment;

 c. AIDS/HIV;

 d. Psychiatric/mental health counseling/treatment;

 e. Treatment for sexually transmitted diseases; or

 f. Other (depending upon state law).

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Appendix F. Update History

List the update history for this document using the following table format:

Version	By	Release Date	Description
0.1	Ann Ashton-Piper, Zamba	4/19/00	Document Initiation
0.2	Ann Ashton-Piper	4/21/00	Update Documentation
0.3	Ann Ashton-Piper	4/27/00	Update Documentation
0.4	Ann Ashton-Piper	5/2/00	Update Documentation
0.5	Ann Ashton-Piper	5/3/00	100% TPA edits input in documentation
0.6	Ann Ashton-Piper	5/4/00	Update Documentation
0.7	Ann Ashton-Piper	5/8/00	Update Documentation
0.7	Ann Ashton-Piper	5/8/00	Update Documentation
0.8	Ann Ashton-Piper	6/7/00	Update Documentation
0.9	Ann Ashton-Piper	6/28/00	Update Documentation
1.0	Ann Ashton-Piper	6/29/00	Final Documentation
1.1	René Dupré	7/7/00	IT Notes for Phase I

EDGEWOOD

Appendix G. Change Control

The change control procedure consists of identifying a needed change and submitting it to the Project Manager via electronic mail or other written format. The Project Manager will review the change with the technical team and generate a "Project Change Request" form for the change. The Project Change Request form contains the following information:

PROJECT CHANGE REQUEST

Order Number: <identifier for this change request>
Client Name: <request date for the PCR>
Requestor: <name of person initiating PCR>
Project Mgr.: <name of person writing PCR>
PCR Date: <estimated importance of the change (by the requestor)>
Project Name: <name of project for PCR>
Change Type: <type of change initiated by PCR>

Change Description:

In Document: <document title and version if applicable or description here. >
Change From:
<description of current document>

Deliverables: <description of the change deliverables>

(Multiple documents may be specified in the same manner.)

Impact Assessment:

Development: <effort involved in generating design and code modifications>
Schedule: <Project Manager's estimate of schedule ramifications>
Testing: <additional testing required>
Training: <do documents/training materials need to be written or updated?>
Cost: <proposed cost to implement – contractually binding!>

Signatures:

Project Manager: _____ Date: _____

Customer Agent: _____ Date: _____

After both the Project Manager and the authorized Customer Agent sign a PCR, the specified modifications will be made to the Requirements Definition document, and the version number of the document will be incremented.

Appendix H. Authorizations

Signatures below indicate acceptance of this version of the Requirements Definition document. This document contains all known requirements through the date of the signature. All future requirements will require Project Change Request forms, and may result in schedule and/or cost adjustments.

The TPA Authorized Signature: Date:

_____ _____

Title:

Zamba Solutions, Inc. Signature: Date:

_____ _____

Title:

Exhibit 10.10 - Page 96

TOBACCO SETTLEMENT

Benesight

About Us
- Career Opportunities
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- Company Profile

Help
- FAQ
- Site Requirements
- Contact Us

Welcome to Benesight, the premier Internet tool for managing health benefits. View our **Demo** to see how Benesight serves its members, employers, consultants and healthcare providers. View a summary of **Our Services** to learn more about Benesight.

Login Now
Already registered as an online user? Login now to access your Benesight home page. If this is your first visit to the site, click on a button below to register.

Online Member
If your employer has online access to Benesight, using the PIN provided in your welcome packet, register here to activate your personal account.

Online User
Unsure if you already have a personal identification number (PIN)? Find out here.

Employer
Existing online employer clients can register with Benesight to access the useful benefit administration tools developed exclusively for our employer clients.

Public Site
No registration is necessary to access the online pharmacy, find a healthcare provider, or research any health-oriented topic of interest.

Consultant
Register to activate your customized page and access our tools for brokers and consultants.

Provider
Access useful information for providers of healthcare services. No registration is necessary.

©2000 Benesight

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Our Services

Customized Health Care Plans + Unmatched Technology = On-demand access to accurate, timely, and secure information.

Benesight is a first-of-its-kind Web-based healthcare administration system. Everything from participant enrollment to employer reporting to claims auditing has been integrated into one easy- to-use, highly secure Web site. Benesight enables users to achieve unlimited access to healthcare information - - day or night.

Our Administration Products and Services

Benesight is a full-service benefits administrator offering an extensive menu of integrated products and services. In order to deliver these services online, Benesight relies on what experts have said is one of the healthcare industry's most technologically advanced facilities, its National Technology and Service Center. Located in Pueblo, Colorado, the Center has over 150,000 square feet of space to house Benesight's leading technologies for phone, data and voice communication throughout the facility Find out more about Benesight in our Company Profile.

It is our broad menu of product offerings, combined with online access to information, supported by our National Technology and Service Center, that creates the revolutionary approach to health benefits management and administration we call Benesight.

Our Online Services

Users have responded with overwhelming enthusiasm:

"Finally, a complete internet-based health care administration application that works for me."

Our online menu of services has been tailored specifically to meet the needs of our members, employers, providers and consultants, and includes.

Public Information Features

Healtheon | WebMD

Through Benesight's partnership with Healtheon|Web MD, all users have access to a robust, searchable database of medical information

Online Pharmacy

- Allows online members and employers access to a full-service online pharmacy to order prescription drugs

Provider Search

- Allows users to search for healthcare providers in PPO networks nationwide

Online-Customer Service Center

- Provides around-the-clock customer service for members and employers Simply call us, or send an email message anytime

Glossary

- Defines frequently used terms related to healthcare benefits administration

FAQ's

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- Answers the most frequently asked benefits administration questions

News and Messages

- Displays updates and company news, along with messages from Benesight for employers and consultants, and the ability for employers to customize messages for delivery to members

My Plan

Plan-at-a-Glance - Offers employers and members access to their specific, personalized healthcare plan information

My Files

Helpful Hints - Offers providers access to helpful information including how to submit claims electronically, and helping patients pre-certify medical procedures

At-A-Glance

- These features allow consultants to view information on their clients, and to request product and service information from Benesight

My Benefits

Enables employers and members to access plan-specific benefit information including:

Online Enrollment

- Simplifies the work for human resources professionals and members

Online Plan Access

- Provides members, employers and consultants access to plan documents, and benefits summary information

EOB Tutorial

- Helps members and employers clearly interpret Explanation of Benefits statements

Plan Contacts

- Allows member access to plan-specific contacts

My Claims

Claim Status - Offers employers and members real-time access to claim status, day or night, and check deductible status

Claim History

- Enables members to track the history of all claims processed online

Claim Reports

- Provides member access to various healthcare claim summaries

My Records

Life Event Changes - Allows members to update their personal information and notify HR of changes impacting benefit elections

User Authorization

- Helps members identify which family members have access to what information

My Administration

Reporting - Provides employer access to customized reports including financial, stop-loss and benefit trends

Eligibility Verification

- Reduces the workload of human resources professionals by managing member eligibility records

Reporting and Analytics

- Saves time by providing accurate, real-time reports for employers to track and monitor health benefit plans

Bill Delivery and Payment

- Allows employers to receive monthly Benesight invoices online

Administrative Policies Manual

- Allows employers to access, by keyword search, an electronic version of all Benesight policies and procedures

My Health

Purchase of Supplementary Products - Allows online members to purchase additional medical products and services including health and beauty products

Help Features

Forms Library - Makes it easy for members and employers to access the forms they need electronically, saving telephone and mail time
Legislative Compliance - provides up-to-date information on benefit regulations and compliance issues for employers and consultants

Contact Us

- Online access to Benesight personnel, day or night.

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About Us
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Benesight: A New Look at Managing your Healthcare Benefits

Benesight delivers customized, flexible web-based solutions for healthcare benefit management and administration. By delivering tools and services over the Internet to employers, members, consultants and healthcare providers, we are able to provide real-time, personalized information, on your desktop - - day or night.

Benesight offers end-to-end health care administration through the Internet with a single point of accountability: Benesight. Our goal is to liberate the delivery of healthcare benefit administration services by freeing human resource professionals from administrative burden, and eliminating red tape and bureaucracy for employees. But what really makes our web-based delivery of services unique in the marketplace?

Access: 24-hour on-demand access to personalized healthcare information

Simplicity: Easy to navigate, use and search the site

Speed: Technologically advanced infrastructure for fast access

Support: Technical support available online including written instructions, and secured messaging features

Real-Time: Healthcare transactions are tracked and monitored as they progress

Personalized: The site is tailored to each unique user

Efficient: No paper; no call center bottleneck; no mail time; no postage

Secure: Access to private healthcare information in a private, completely secure environment

Control: Overall access and control of healthcare information finally given back to the consumer

It's our goal for every Benesight user to:

Be Better Informed. Make Better Decisions. Experience Better Outcomes.

"As Benesight, we provided customized health plans. As Benesight, we have revolutionized what 'customized' means, and taken it to the next level - - that of personalized, relevant information to better manage your health care benefits."

-- Robert Brook, Executive Vice President

Our Vision
Our Mission
Our Promise
Our History
Our National Service Center
Our Business Partners
Our Services
Our Products
View a Demo

Our Vision
To become the leading internet-based provider of healthcare benefit management tools, valued by members for its simplicity of use and speed of response.

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Our Mission
To apply the power of our proprietary information technology to free employers and members from the burdens and frustrations of traditionally slow, inefficient and cumbersome healthcare benefit management systems.

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Our Promise
To deliver a customized, flexible, web-based solution for healthcare benefit management that liberates human resource professionals and empowers members.

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Our History
For over 15 years, our company (previously known as The TPA, Inc.,) has been providing third-party benefit administration services for self-funded employers throughout the country. Our deep industry knowledge and commitment have enabled us to move boldly onto the Internet In Benesight, we bring together the strength of our history, and experience, combined with the power of automation and electronic communications, to create the next generation of self-service healthcare management tools.

Benesight is simply a web-based extension of our finely tuned business processes. Now completely automated, our core business remains the same: Benesight is the leading third-party administrator of self-funded healthcare plans. We are the largest independent healthcare administrator in the country.

We administer more than **5,000** different benefit plans for employers, Covering more than **1.1 million** members nationwide, Who use more than **150** healthcare provider networks.

In addition, we process over 32,000 claims each day - - more than 7 million per year. Each day we also send over 28,000 checks, statements and letters, and field over 15,000 telephone calls Our company has always been committed to working with the latest innovations in technology. As leaders in the benefits administration business today, Benesight is taking a quantum leap forward to become leaders of the web-based future of tomorrow. Through technology, we constantly seek out new and better ways to serve clients. One way Benesight does this is to offer online users unprecedented access to healthcare information - - when they want it - - where they need it. While web-based technology is the starting point, on-demand access to health benefit information and total empowerment for users defines the results.

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National Technology and Service Center
Benesight is the nation's largest independent healthcare administrator. As such, it is critical for us to have a state-of-the-art operational infrastructure to support our comprehensive menu of online services. As a consultant selling Benesight's healthcare administration services, we want to pull back the curtain on our infrastructure and let you see for yourself, why Benesight is uniquely qualified to serve as your healthcare benefits administrator of choice.

Our Investment
Backup Systems
State-of-the-Art Infrastructure
Security
Employee Comfort
Key Benefits to Clients: National Service Center

Our Investment
In August 1999, Benesight acquired what is considered by experts to be one of the healthcare industry's most technologically advanced facilities Today, it is the Benesight National Technology and Service Center. We purchased the 150,000 square foot facility from Foundation Health Systems (FHS), where its QualMed subsidiary was housed in Pueblo, Colorado. Over the past three years, FHS had invested more than $20 million to renovate the facility. The Benesight National Technology and Service Center has dramatically increased Benesight's claims processing capacity and customer service capabilities to accommodate current customers and future growth.

In the renovation, older space was converted to house a state-of-the-art Data Center along with a very modern medical claims processing service center. This building alone has 84,000 square feet. The combined buildings (150,000 square feet) serve as a national claims handling and business support operation. In total, the Benesight National Service Center campus enables us to exceptionally serve existing users, yet also provides

unmatched capacity for serving new Benesight users in the future.

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Backup Systems
When you work with Benesight you can rest assured that we have the ultimate disaster recovery plan in place to ensure the smooth uninterrupted service. Somewhat unique is the capacity of stand-by generation to power the entire Pueblo complex. Two 1-megawatt generators fueled by a 6,000-gallon diesel fuel tank support the operation for at least 48 hours (and can be refueled without interruption) The Data Center UPS was installed (with provisions to double its size) to operate the equipment for over an hour through harmonic balanced power distribution units. A natural gas-fired stand-by generator and separate UPS equipment support the telephone switch room. The Data Center and telephone switch rooms are protected by a FM-200 fire suppression system (along with the UPS and key electrical rooms).

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State-Of-The Art Infrastructure
The Pueblo complex is linked with 300 pair copper and 16,128 trunks delivered on 24 fibers using redundant service entrances from US West, who can connect to multiple providers via their central office directly across the street. The certified category 3 (voice) and 5 (10/100 Mbps ethernet) fiber optic cables connect to 90% of the jacks at 1 1/2 to 2 lines per associate density. What does this mean for you and your clients? It means that we have unparalleled technology in our infrastructure which enables high-capacity growth and complete redundancy.

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Security
Every Benesight employee is required to wear his or her company identification, within which the latest proximity card technology is housed Secure areas of the building are only accessible to those requiring entrance to perform their job responsibilities. In addition, the Pueblo National Technology and Service Center is protected by closed circuit television (CCTV) technology connected to the security monitoring station where activities within and outside the facility are monitored seven days per week, 24-hours per day Your client's confidential health care benefits information could not be processed in a more secure location.

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Employee Comfort
When Benesight employees come to work in Pueblo, we want them to be comfortable. To that end, we provide everything they need to serve you and your clients in an environment that promotes the highest quality of work. Workstations are designed to provide 100 to 150 square feet per person in an open pattern. This allows Benesight employees to take advantage of teams and focus groups, and to conduct ad hoc training and update meetings.

A very comfortable work environment with low noise levels is created by the high ceilings, reflected light, lower panel heights (allowing outside light penetration and airflow), spacing and view angles. Each employee is issued a personal locker for storing belongings, which enables us to make dual use of workstations to support multiple shift operations. The space also includes training rooms and a conference center The Pueblo National Service Center is designed to house about 650 employees. An additional 20,000 square feet of storage space is located in the basement

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Key Benefits to Clients: National Service Center:

Vast Space for Operations: 150,000 square feet in two connected buildings

Smooth Flow of Documents: Document flow is designed for easy "in" and "out" handling with receiving, scanning, printing and mailing functions located adjacent to each other. All paper claims are converted to an EDI format upon arrival at Benesight

Dedicated Computer Centers: Computer room (7,200 square feet on 18 inch raised floor), Command Center (3,600 square feet on 11 inch raised floor): Expansion space for an additional 5,000 square feet of 12 inch raised floor area Printer room has 2,400 square feet with shelves for conditioning paper

Fire Protection: FM-200 fire suppression system protects all critical phone, data and electrical areas

Power and Cooling: Data Center power and cooling capacities are built to 150% in terms of reserves

48-Hour Back-Up: Stand-by generation powers the entire facility for up to 48 hours

Power Capacity: Uninterruptible power capacity at full load is about 2 hours currently, and is fed through four Power Distribution Units with harmonic balancing technology, which enables speed and overall efficiency.

Disaster Recovery: Our Data Center can easily serve as a disaster recovery site should there ever be a need as a result of unforeseen circumstances including a flood, earthquake, fire or any other natural disasters.

Personal and Building Security: The building is monitored 24 hours a day by video security and access is controlled through proximity cards

Separate Telephone System Backup: a separate natural gas-fired generator and UPS protect the telephone switch room All network data and voice communication is maintained during an outage.

Quick and Efficient Connectivity: Fiber optic cabling is used throughout the facility. This allows for reconfigurations and changes without costly additions. Redundant fiber and copper cabling between campus and other buildings provides a secure and flexible network and voice communications system. This is what allows for quick connectivity to the Benesight Web site

Fast Modem Connectivity: US West connects via redundant 300 pair copper and 24 DS3 protected fiber optic cables, providing enormous trunk capacity (16,128) and the ability to connect with multiple providers, via their Central Office directly across the street.

Nice Work Environment for Employees: High ceilings allow reflected lighting while lower panels allow outside light to penetrate to employee work areas. Modern ergonomic workstations provide a ratio from 100 to 150 square feet per person configured in an open pattern, versus closed "boxes" with view angles to windows.

State-of-the Art Training Facility: Training rooms and a conference center are located on the 3rd floor. Numerous small conference rooms are located in each building with video-conference capabilities

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Our Business Partners

As a result of its size, national purchasing power and years of experience, Benesight is able to partner with the upper echelon of leaders in the healthcare industry. These partnerships extend beyond mere alliances, into seamless, integrated service solutions for all Benesight users, resulting in preferred pricing for our customers. Our online solutions reflect the complete integration of our business processes and the technologies that support them, leading to a revolutionary new era of online healthcare benefits administration services.

Through our affiliation with Healtheon/WebMD, Benesight users have access to online enrollment through BenefitCentral, to WebMD a credible source of soft medical content, and to EDI electronic claims transmission services.

With nearly 150 PPO Network Partners, Benesight users have access to networks including United HealthCare, First Health, PHCS, Beech Street, CCN, UP & UP, and Guardian (dental).

Users can also benefit from Benesight's partnership with providers of prescription services including Merck/Medco and Advanced Paradigm

In addition, Benesight has teamed with a number of other managed care providers including URN (United Resource Network), OPTUM, United HealthCare Utilization Management, and Intracorp Utilization Management. Benesight also works closely with a number of stop-loss carriers including United Health & Life, The Hartford Insurance Companies, SAFECO, and numerous others including MGU's.

On the operations side of the business, Benesight has partnered with leading-edge companies including EDSS (Electronic Data Submission Systems), RIMS (Resource Information Management Systems), OT (Output Technologies), and Ingenix (Corporate Health Strategies)

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Top Secret Stamp

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Technology

Each day, Benesight processes over 32,000 healthcare claims, answers more than 15,000 telephone calls and emails from claimants and providers, and mails over 28,000 checks, statements and letters. Our information systems infrastructure is the foundation upon which all of these transactions are built.

Print the Information Management Summary for your client
Our Philosophy
WEB Technology
Data Network
Staff & Systems
Electronic Claims
Backup System and Security

Our Philosophy

Benesight places a very high priority on information systems. We believe the quality and speed of our products will continue to improve as we take advantage of new and promising technologies. Benesight also has the capital resources to make the necessary investments in technology while maintaining the highest quality of customer service Most importantly, we will always be committed to using our national presence to leverage technology and systems to achieve administrative efficiencies, while at the same time offering customers a broad menu of local options to provide for specific market needs.

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WEB Technology

We utilize a state of the art combination of SUN and IBM UNIX servers to power Benesight's web site. Our three-tier system architecture was designed to J2EE (Java) and CORBA distributed object technology standards. These standards are important to security, scalability and reliability. Particular attention was given to the function and design of our WEB product to ensure a superior user experience for all levels of expertise.

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Data Network

Benesight's information systems infrastructure is designed to ensure fast, reliable and secure transmission of data between all of our locations. Each local and regional office is supported by a local area network (LAN), which, in turn, is connected to the company's wide area network (WAN). Our network enables us to shift workloads between service centers for greater efficiency while maintaining our quality and customer service levels.

Benesight's WAN is supported by AT&T. All telecommunications traffic from our administration and customer service centers is sent over dedicated T-1 lines to AT&T's Frame Relay. Even though the AT&T Frame Relay enjoys superior and consistent up-time, Benesight has chosen to design telecommunications redundancy for each administration and customer service center through the installation of dial-up ISDN connections in each center. This ISDN connection permits each of the centers to continue processing claims and answering claimant and provider questions even in the unlikely event of a system failure.

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Staff and Systems

Benesight's Information Services staff is located primarily in Pueblo. The information systems management team and nearly 60 programmers, operators and support staffs are located in Pueblo, CO. An additional 8 members of the network engineering staff are distributed among the regional and local administration and customer service centers.

This staff supports the company's core application systems — QicClaim/2.6 (claim processing, administration and reporting), Internet/Intranet applications, CPAT (customer information system), MPF (our medical provider system, which tracks more than 2.7 million unique providers and 36.5 million CPT fees), and our finance and accounting systems.

Benesight's Corporate Data Center has, at its heart, the IBM RS6000 Model S70 and Sun Microsystems Model E450 enterprise servers. The Data Center's processors connect over the WAN to 11 other RS6000s located in each operations and customer service center. Our Data Center supports more than 1,100 concurrent employee or customer users. (Many customers access their eligibility and claims data directly.)

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Electronic Claims

As the need for accurate and timely healthcare information continues to rise, so does the need to streamline complex transactions and simplify communications. Through our partnership with Healtheon|WebMD, healthcare providers can submit) claims electronically to Benesight. The benefits associated with electronic claims submission are mutual. It saves administrative time and costs and reduces turn-around time for Benesight.

Benesight's Payor ID number is: **87265.**

Providers may contact Healtheon|WebMD support at **877-GO-WebMD**

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System Backup and Security

Benesight has purchased and installed the HACMP software utility. This product provides our data center with 100% redundant backup for each hardware component of each processor. Further, we also have installed a Mass Storage Array that provides us with a real-time mirrored disk image of all data in our system.

A sophisticated backup utility, ADSM, allows us to back up any server — and even workstations — from a central location. In addition, detailed file characteristic information is stored permanently for each file that is backed up. We also have the ability to maintain, configure and monitor the backup subsystems using a simple web browser.

Our investment in new technologies is always accompanied by attention to data security, especially over the Internet. Internet access is on a private network separate from the internal network. The only gateway between the two is secured by hardware and software firewalls. Find out more about Benesight Privacy and Security.

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Member Registration

Welcome to the member registration page. In order to confirm and validate your PIN number, you must register as an online user. If your spouse and adult children are covered under the plan, they have also been issued unique PIN's, and must follow the same procedure to register.

Once you complete the registration process, you will be able to immediately login when you visit the site in the future. Once your registration has been verified, you will then create your unique User ID and password:

- Have you lost or forgotten your PIN?
- Already Registered? Login now.

Register

Pin:

First Name:

Last Name:

Email Address:

Note: Your email address is very important to provide. It will enable us to communicate with you in the future. If you do not have email, please type "none" in the space above

Your Date of Birth: mm dd yyyy

Covered Employee Social Security Number: - -

(Please provide the SSN of the employee covered under the Benesight plan)

☑ Please include me on the electronic mailing list for future Benesight communications.

Submit

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Forget your PIN?

Members: If you are an online employee member, you have already received a PIN in your Welcome Packet

Request a copy of your PIN here

Unsure if you are an online member?

Employer Clients: If you have already implemented online services through Benesight and need to request another copy of your PIN, please contact your Benesight Customer Web Manager. If you are interested in activating online services for your company and its employees, contact your Benesight Representative.

View Benesight Contacts

Brokers or Consultants: If you received a PIN and have forgotten it, please contact your Benesight Customer Web Manager If you are new to Benesight and would like to request a PIN, contact your Benesight Representative.

View Benesight Contacts

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Welcome to Benesight

If you are a registered online user, login below. If you are new to our site, register now.

User Login

User ID:

Password:

Submit

Forget your User ID?

Forget your Password?

TOBACCO SETTLEMENT

member Welcome, LEEANN Last login 05 Dec 2000 Logout

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myplan

...at a glance

Medical Benefits

Copayment (in Network):

LAB - PPO	$20 00
PHYSICAL THERAPY - PPO	$20 00
PHYSICAL THERAPY-ANCILLARY PPO	$20 00
PHYSICIAN VISIT - OFFICE PPO	$20.00
URGENT CARE PHYSICIAN- PPO	$25.00
XRAY - OFFICE PPO	$20 00
Payments Made (YTD):	$693.31
Claims Paid (YTD):	4

myheadlines

New Hepatitis C Treatment Looks Promising
A newly-developed form of interferon -- the gold standard for treating hepatitis C infection -- may offer hope for the nearly three million U.S. patients suffering from the chronic, potentially liver-destroying disease.
[full story]

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[full story]

New Hepatitis C Treatment Looks Promising
A newly-developed form of interferon -- the gold standard for treating hepatitis C infection -- may offer hope for the nearly three million U.S. patients suffering from the chronic, potentially liver-destroying disease
[full story]

Scientists Plan to Produce Cancer-Fighting Drugs in the Eggs of Cloned Chickens
The creators of Dolly the Sheep on Wednesday announced plans to mass-produce cancer-fighting drugs in the eggs of genetically modified chickens
[full story]

My Mailbox
- 1 new messages in your mailbox

Authorized Users
- None

Active Claims
- 0 claims pending
- 0 claim in process

Plan Description
- View a summary of your benefits

mymessages

Message from My Employer
We are among a very select number of employers who have been chosen to participate with Benesight in the initial launch of its new web site. The web site will give you 24-hour access to personal information on your health care benefits. Your participation and feedback is important, and will help shape the future development of the site. So use the site and give us your feedback or send a message to Benesight with your comments We're pleased to be participating in this exciting project, the ultimate goal of which is to provide the very best, most technically advanced access to your health care benefits information, day or night
[full message]

Message from Benesight
Welcome to Benesight We invite you to explore the future of health care benefits administration If you are an online member, you can access personal health care information in a secure environment- - 24 hours a day! Employers can access online tools designed to relieve them of the administrative burden of managing and administering their company's health care benefit plans There are also customized online services available for health care providers and consultants Find out more about Benesight's revolutionary new online services
[full message]

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online pharmacy

find a provider

Click Here for Health Solutions

WebMD

Don't miss the next live chat event!

Infertility Finding the Source
December 12, 2000, 1 00 PM EST

Health-E-Tools

Health Risk Appraisal
Nutrition Quiz Target Heart Rate Calculator

Join a Community

Allergies Open Discussion

Brain Cancer Treatment Options and Experiences

Emotional Wellness Love and Intimacy
More

TOBACCO SCHOOL

Is Laser Eye Surgery OK for Children?
Nicole Sferra is a bright, enthusiastic business major at Chico State University in California. But three years ago she was a 16-year-old who feared sudden blindness would be the result of the bad vision that had plagued her since childhood.
[full story]

topstory

Cancer That Kills the Young May Have Met Its Match
Neuroblastoma, which attacks the nervous system, is one of the most deadly forms of childhood cancer.
[full story]



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Unread	Select	Regarding	Received
	☐	RE:Claims:Not Applicable	18 Sep 2000 17:23 PDT

Delete Deleted selected messages.

TOSCAT BCHREQT

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Enroll in Plan

Benesight makes your online benefits enrollment simple, convenient and paperless This service also lets you.

- make annual health, dental and flexible benefit enrollment changes
- notify the human resources department of life changes, such as marriage, divorce, a new baby or illness
- update your home address, dependent information or beneficiary information

To help ensure your information is protected and secure, you will be required to log in when entering the online enrollment section.

Enroll or change enrollment now

Related items

Change Personal Profile

Plan Description

Summary plan descriptions contain benefit information for each type of coverage (e.g. medical, dental) if you are eligible. These descriptions include both a brief review of reimbursement for common services and detailed information on your rights and benefits under the plan Please note that changes may occur in any or all parts of the plan, so if you have specific questions, be sure to refer to this site for the most recent description.

Simply select the coverage type for which you want information. These documents are stored in PDF format, so you'll need Adobe Acrobat Reader to view them. You can easily print documents using the print icon located at the top of the Adobe Reader toolbar. If you have any questions, visit our Adobe Acrobat page.

Use the "back" button on your browser to return to Benesight.

MEDICAL AND DENTAL SUMMARY PLAN DESCRIPTION
SHORT-TERM DISABLILTY SUMMARY PLAN DESCRIPTION
FLEXIBLE SPENDING ACCOUNT SUMMARY PLAN DESCRIPTION
401K SAVINGS PLAN SUMMARY PLAN DESCRIPTION

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Plan Contacts

The following contacts will be happy to assist you with any questions about your specific benefit plans.

Dental	P.O. Box 61294 Phoenix, AZ 85082
Employee Assistance Program	1-800-854-1446
Flex	P.O. Box 2900 Phoenix, AZ 85082-2900
General Client Claims Correspondence	P.O. Box 2900 Phoenix, AZ 85082-2900
Medical	P.O. Box 375 Pueblo, CO 81002
Pharmacy	1-800-711-3785
Short Term Disability	P.O. Box 2900 Phoenix, AZ 85062-2900
Utilization Review	1-800-842-7389

Or, if you have a general question, you may be able to find the answer using our frequently asked questions.

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Member Forms

All the forms you need can be found right here. Simply select the form you want and you'll be able to download and print a ready-to-use version. If you have questions about completing the form, you can click on the Form Instructions column next to each form type to receive additional instructions.

Because all forms are stored in PDF format, you'll need Adobe Acrobat Reader® to view or print them. The reader takes just moments to install, and is available for free download. When you have a form open, you can print it by clicking on the printer icon located above the form in the Adobe Acrobat toolbar. Please read all form instructions carefully to ensure we can process your request correctly, quickly and efficiently.

Please note: Please make sure you select the forms appropriate to your coverage.

Dental Claim Form	P.O. Box 61294 Phoenix, AZ 85082	Use this form to submit any claims that are not filed by your doctor's office. You can use this form for medical, dental or vision claims.
Flexible Reimbursement	P.O. Box 2900 Phoenix, AZ 85082-2900	Use this form to request reimbursement from the member's Flexible Spending Account.
Flexible Benefit Program	P.O. Box 2900 Phoenix, AZ 85082-2900	Use this form to enroll or change enrollment status in a Flexible Benefit Program.
Accident/Injury Details	P.O. Box 2900 Phoenix, AZ 85082-2900	Use this form to provide additional information on claims caused by an accident or injury.
Full-time Student Status	P.O. Box 2900 Phoenix, AZ 85082-2900	Use this form to provide information about a dependent attending school full-time.
Other Insurance Coverage	P.O. Box 2900 Phoenix, AZ 85082-2900	Use this form to provide information about other insurance coverage you may have.
Medical Claim Form	P.O. Box 375 Pueblo, CO 81002	Use this form to submit any claims that are not filed by your doctor's office. You can use this form for medical, dental or vision claims.
Short-Term Disability Notice	P.O. Box 2900 Phoenix, AZ 85062-2900	Use this form to submit disability notification.

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Find a Claim

With Benesight, you'll always know the status of your claims. Using this page, you can search for information on completed claims, in addition to those claims that are filed but not yet complete. Please note: claims information typically typically appears within 10 business days after the claim's submission.

To protect your security and the security of all covered members, you may only view claims for yourself and for those you have authorization

Select a Bookmarked Claim

No Bookmarks Available

Or

Define Your Search

Complete the information below to define your search. You may search for your claims based on coverage type, patient and date of service To find all claims within a specific time period, enter the desired dates in the fields below.

Coverage type

- ○ MEDICAL
- ○ DENTAL
- ○ ST DISABILITY
- ◉ All

Patient

- ○ LEEANN
- ◉ All

Date of Service

- ◉ All completed claims after December 31, 1999 or during the past 24 months, whichever date is later.
- ○ Within the past 90 days
- ○ Specify a date range

Start date: mm dd yyyy

End date: mm dd yyyy

Sort by:

date of service

Submit

related items
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T0821T "Bathtub"

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Search Results

The following claims meet your search criteria. To view more detail for a specific claim, click on the corresponding link under Claim Type

Claim Summary

Claim Type	Status	Date of Service(s)	Patient Name	Provider Name	Total Charges
MEDICAL	Paid	08 Feb 2000 to 08 Feb 2000	LEEANN	FACILITY ALLINA MEDICAL G	$86.00
MEDICAL	Paid	25 May 2000 to 25 May 2000	LEEANN	FACILITY ALLINA MEDICAL C	$57.00

New Search

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Selected Claim

You can bookmark this claim for easy future reference.

Claim Recap

Selected Claim			
Status	Paid	Amount Allowed by Plan	$55.01
Claim Number	00004993-01	PPO Discount	$10.99
Patient Name	LEEANN	Amount not payable: (ineligible amounts)	$0.00
Date of Service(s)	08 Feb 2000 to 08 Feb 2000	Non-Covered Plan Benefits: (Cosmetic, Infertility etc.)	$0.00
Claim Type	MEDICAL	Deductible	$0.00
Total Charges	$86.00	Copayment	$20.00
Primary Carrier Payment: (COB)	$0.00		

Payment	
Check Number	00034466
Date of Check Mailed	06 Apr 2000
Payable To:	FACILITY ALLINA MEDICAL G BOX 1450 NW8884 GPW MINNEAPOLIS Minnesota 55485
In the Amount of:	$55.01
Withhold Amount:	$0.00
Patient Owes:	$20.00

- View claim details
- Return to Search Results
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Have a question about this claim? Try our FAQ that's loaded with claims-related questions and answers. Or, you can contact us with questions about this claim.

related items
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How to read an Explanation of Benefits
Glossary of Terms
Plan Description

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Claim Detail

Selected Claim

ALLINA MEDICAL G OFFICE VISIT					08 Feb 2000 to 08 Feb 2000				
Total Charge	PPO Adjustment	Ineligible Amount	Remark Code	Co-pay	Amount Allowed	Deductible Amount	Other Carrier Payment	Co-Insurance	Payable Benefit
$57.00	$2.68	$0.00	PE	$20.00	$34.32	$0.00	$0.00	100 0 %	$34.32

ALLINA MEDICAL G DIAGNOSTIC SERVICES					08 Feb 2000 to 08 Feb 2000				
Total Charge	PPO Adjustment	Ineligible Amount	Remark Code	Co-pay	Amount Allowed	Deductible Amount	Other Carrier Payment	Co-Insurance	Payable Benefit
$27.00	$7.50	$0.00	PE	$0.00	$19.50	$0.00	$0.00	100.0 %	$19.50

ALLINA MEDICAL G MME					08 Feb 2000 to 08 Feb 2000				
Total Charge	PPO Adjustment	Ineligible Amount	Remark Code	Co-pay	Amount Allowed	Deductible Amount	Other Carrier Payment	Co-Insurance	Payable Benefit
$2.00	$0.81	$0.00	PE	$0.00	$1.19	$0.00	$0.00	100.0 %	$1.19

Totals

Total Charge	PPO Adjustment	Ineligible Amount	Remark Code	Co-pay	Amt Allowed	Deductible Amount	Other Carrier Payment	Co-Insurance	Payable Benefit
$86.00	$10.99	$0.00	N/A	$20.00	$55.01	$0.00	$0.00	N/A	$55.01

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Deductible Status
Get updated information on the amounts you've paid toward your plan deductibles. This report provides detail on your deductible status for your medical plan, including contributions for both in-network and out-of-network services.

View Current Deductible Status
View Past Deductible Status

Flexible Spending Acounts
Your flexible spending account (FSA) contains your contributions through pre-tax payroll deductions. You can use these accounts to pay for expenses not covered by other insurance plans, such as prescription eyeglasses and deductibles or for child care

View current FSA activity statement

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Deductible Status

The following chart illustrates all payments toward your annual deductible in each plan. Your plan may include additional deductible requirements which apply to special services. Visit the related items to help answer any questions you may have about this chart.

Policy Year 08-01 Satisfied to Date: 2001	Dental Deductible	Medical Deductible
LEEANN		
Family	$0.00	$0.00
	$0.00	$0 00
Your Plan Benefits:		
Patient	$50.00	$500 00
Family	$100.00	$1,500 00

related items
- Claims History
- Explanation of Benefits
- Glossary of Terms

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Flexible Spending Report

Medical Reimbursement 1999

Total Contributions Made to Your Account:	$499.92
Total Payments Made to You:	$500.00
Available Contributions:	($0.08)

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member Welcome, LEEANN Last login 05 Dec 2000 Logout

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Personal Profile

Welcome to the headquarters for making changes to your account information. In this section, you can update your personal information, including changes in family status.

To best protect your security, when reporting a change in your family status or personal profile, you will be required to log in

Through Benesight, you can have general benefits and healthcare related information sent to your personal e-mail account. To receive this information, simply complete the form below and click "submit" to send it to Benesight.

Please update my e-mail address:

lschray@benesight.com

My Subscription Status

◉ **subscribe** ○ **unsubscribe to the Benesight mailing list.**

▶ Submit

TOBACT "BENEFIT"

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Account Authorization

If you have family coverage under your plan, you may grant other family members access to your account information.

The following chart identifies individuals covered under your account. Individuals who have "yes" checked have access to your account information: individuals with "no" checked do not have access to your account information. You may add or remove account access privileges any time, just be sure to submit your changes when finished. And, you can always review changes made to your authorized users by viewing your authorization history.

My Account

I grant access to:

	Yes	No

Submit

Other Accounts
Here's a breakdown of the account information to which you have access:

I can view account information for:

	Yes	No
LEEANN SCHRAY	●	

At the beginning of each plan year, you will need to verify this information. At that time, Benesight will send a secured message to your mailbox. Please review your online user agreement for more information on account authorization regulations.

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Terms of Use/User Agreement

Welcome to Benesight, Inc , the premier web-based administrator of health benefit plans. This agreement ("Agreement") governs your use of the Benesight web site (the "Site").

This Site is divided into a publicly available portion (the "Public Portion"), which does not require any account name or password, and a private portion (the "Private Portion"), which is available only to registered users who provide an account name and password This Agreement governs your use of both the Public Portion and, if you are a registered user, also the Private Portion In addition, the Site also contains links to third party sites which provide information and/or services that might be useful to you. When you follow links to any third party web site, your use of such web site will be subject to the terms and conditions posted on that web site.

There are four possible types of users of the Site: (1) Registered Plan Participants("Members"), (2) Registered Personnel of Employers, (3) Registered Personnel of Brokers or Consultants, and (4) Non-Registered Users(including both the general public and health care providers) This Agreement covers all types of users; however, certain provisions may apply to only certain types of users (e g , the subsections of Section 1)

For the purposes of this Agreement: "you" means, as applicable: an individual Member; an individual Registered Personnel of an Employer, along with the employer; an individual Registered Personnel of a Broker or Consultant, along with the broker or consultant;or an individual Non-Registered User and, if applicable, along with the health care provider from whom the Non-Registered User works.

For the purposes of this Agreement, "Plan" means a group health plan, as defined under the Employee Retirement Income and Security Act of 1974, 27 U.S.C. 1002(1), including insured and self-insured plans.

BY USING THE SITE AND/OR COMPLETING THE REGISTRATION PROCESS AND CLICKING THE "I ACCEPT" BUTTON, YOU ARE STATING THAT YOU HAVE READ AND UNDERSTAND ALL OF THE TERMS AND CONDITIONS OF THIS AGREEMENT AND THAT YOU AGREE TO BE BOUND BY THIS AGREEMENT.

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Section 1 – Types of Users

Only one of the following subsections applies to you, corresponding to the type of user you are.

(a) Members

Benesight mails PINs to plan participants who may be eligible to use the Site as Members. If you are registering for this Site as a Member, you are certifying that: (i) you are using the PIN provided to you by Benesight for your own use; (ii) you are eligible for a Member account; (iii) you have received a copy of the summary plan description related to the Plan and all summaries of material modifications related to the Plan; (iv) you are an adult individual (18 years or older), (v) you have the legal capacity to enter into binding contracts; (vi) you have read and understand all of the terms and conditions of this Agreement; and (vii) you agree to be bound by this Agreement.

This Agreement, and your use of the Site, are provided as services to you from Benesight, not from the sponsor of the Plan of which you are a participant. This Agreement and your use of the Site do not modify such Plan. Your rights under such Plan are not modified or impacted by this Agreement or your use of the Site. Please refer to your Plan for an understanding of your rights under such Plan.

(b) Registered Personnel of Employers

This Site is made available to select personnel of certain employers who have entered into a Customer Agreement with Benesight The terms of use governing the Site are set forth in this Agreement, as a supplement to the Customer Agreement. In the case of any contradictions between this Agreement and Customer Agreement, the Customer Agreement shall govern.

If an employer and Benesight have agreed to allow select personnel of such employer access to the Site, such employer will provide PINs to its authorized personnel to allow them to register for a Registered Personnel of an Employer account and to use the Site. If you are registering for this Site as a Registered Personnel of an Employer, you are certifying that: (i) you have been authorized by such employer to register for and use this Site as an authorized personnel of such employer; (ii) you are using the PIN provided to you by Benesight; (iii) you are an adult individual (18 years or older), (iv) you have the legal capacity to enter into binding contracts; (v) you have the authority to enter into binding contracts on behalf of such employer; (vi) you have read and understand all of the terms and conditions of this Agreement; and (vii) you (individually and such employer) agree to be bound by this Agreement.

(c) Registered Personnel of Brokers or Consultants

Benesight has mailed PINs to personnel of brokers or consultants who may be eligible to use the Site as Registered Personnel of Brokers or Consultants. If you are registering for this Site as a Registered Personnel of a Broker or a Consultant, you are certifying that: (i) you have been authorized by such broker or consultant to register for and use this Site as an agent of such broker or consultant; (ii) you are using the PIN provided to you by Benesight; (iii) you are an adult individual (18 years or older), (iv) you have the legal capacity to enter into binding contracts, (v) you have the authority to enter into binding contracts on behalf of such broker or consultant; (vi) you are eligible for a Registered Personnel of a Broker or a Consultant account; (vii) you have read and understand all of the terms and conditions of this Agreement; and (viii) you (individually and such broker or consultant) agree to be bound by this Agreement.

This Agreement, and your use of the Site, are provided as services to you from Benesight, not from the sponsor of the Plan to which such broker or consultant is providing services. This Agreement and your use of the Site do not modify the contract with the sponsor of the Plan

(d) Non-Registered Users

If you do not qualify to use the Site as a Member, a Registered Personnel of an Employer or a Registered Personnel of a Broker or a Consultant, you may nonetheless use the Public Portion of the Site as a Non-Registered User.

If you choose to use the Site as a Non-Registered User, you are certifying that: (i) you are an adult individual (18 years or older), (ii) you have the legal capacity to enter into binding contracts; (iii) that you have read and understand all of the terms and conditions of this Agreement; and (iv) that you agree to be bound by this Agreement.

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Section 2 – General Terms of Use

(a) Use of the Site

You understand and agree that the Site is made available to you only pursuant to this Agreement Further, you understand that the Private Portion of the Site is made available only to Members, Registered Personnel of Employers, and Registered Personnel of Brokers or Consultants

(b) No Sharing of Accounts

Each Member account, Registered Personnel of Employers account, Registered Personnel of Brokers or Consultants account is a personal account for which only one individual user may be authorized. Your account may be placed on violation status or terminated immediately if you are found to be sharing your registered account access with other individuals.

For Members only:The Site does allow you to authorize Members (e g , a spouse) to have privileges to view information about you This

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authorization can be made or revoked at any time. Each year, all such authorizations will need to be reestablished. See the My Records ** link ** section of the Site for additional details.

(c) User IDs, Passwords and Security

If you wish to be a Member, Registered Personnel of an Employer, or Registered Personnel of a Broker or Consultant, then you must complete the registration process by providing Benesight with current, complete and accurate information as prompted by the login and registration process. Benesight reserves the right to decline any application for registration. You must enter the PIN mailed to you, and you then will need to choose a User ID and a password.

You are entirely responsible for maintaining the confidentiality of your User ID and password. Furthermore, you are entirely responsible for any and all activities that occur on the Site using your User ID and a password, whether or not authorized by you. You agree to notify Benesight immediately of any known or suspected unauthorized use of your User ID and password or any other breach of security by sending an e-mail message to Benesight customer service at security@benesight.com or by calling (888) 348-3752.

(d) Updating Members Account Information

This section (d) does not apply to Non-Registered Users: You agree to notify Benesight promptly if any of the information that you provided in the registration process changes. While you are logged into the Site, you can either update the information through the My Account ** link ** administration utility on the Site or by sending a secure message to Benesight customer service using the Contact Us ** link ** section of the Site

Notwithstanding your obligation to provide Benesight with updated information, you agree that Benesight has the right to rely on the information that you previously provided until such time as you have provided Benesight with updated information. You further agree that Benesight may provide you with any notices related to this Agreement or to the Site by e-mail to the e-mail address you have supplied to Benesight

(e) Account Administration by Employers

This section (e) applies only to Registered Personnel of an Employer account: Each such employer must designate a particular Registered Personnel of an Employer account to be the Web Primary Contact account.

The Web Primary Contact is responsible for: (i) administering the accounts of its personnel, including using the Manage User Authorizations ** link ** utility on the Site to inform Benesight whenever accounts of its personnel should be terminated (e.g., in the case where a person is no longer affiliated with the employer or is otherwise no longer authorized to use the Site on behalf of the employer), to set access privileges for such accounts, and to add new personnel as authorized personnel of the employer; (ii) authorizing (and removing authorizations) for accounts of Registered Personnel of Brokers or Consultants to access data (including Health Information) related to such employer's Plan, including setting associated access privileges, consistent with applicable state and federal privacy laws.

With respect to any activity by any Registered Personnel of Brokers or Consultants who are authorized by such employer as set forth above, such employer is responsible for all conduct on such accounts.

(f) Updates to this Agreement

Benesight reserves the right to update or modify this Agreement at any time without prior notice Your use of the Site following any such change constitutes your agreement to follow and be bound by the Agreement as changed. For this reason, we encourage you to review this Agreement whenever you use this Site.

(g) Conduct

When using the Site, you agree to abide by all applicable laws and regulations. You further agree to use the Site solely in accordance with the policies and procedures posted by Benesight from time to time In addition, you agree not to do any of the following while using the Site:

- interfere with or disrupt networks connected to the Site or violate the regulations, policies or procedures of such networks,
- attempt to gain unauthorized access to the Site, other accounts, computer systems or networks connected to the Site, through password mining or any other means;
- interfere with another user's use and enjoyment of the Site,

- transmit any message, information, data, text, software, graphic files or other materials ("Content") that is unlawful, harmful, threatening, abusive, harassing, tortious, defamatory, vulgar, obscene, libelous, that may be invasive of another's privacy, hateful, racially, ethnically or otherwise objectionable;
- transmit Content that contains a virus, corrupted files, or other harmful component;
- impersonate any person or entity, including but not limited to Benesight personnel, or falsely state or otherwise misrepresent your affiliation with any person or entity;
- post or transmit any Content that you do not have a right to transmit under any law or under contractual or fiduciary relationships (including but not limited to nondisclosure agreements);
- post or transmit any unsolicited advertising, promotional materials, "junk mail," "spam," "chain letters," "pyramid schemes," contests, surveys, or any other form of solicitation (commercial or non-commercial);
- intentionally or unintentionally violate or encourage or assist another to violate any applicable law or regulation in connection with your use or the other person's use of the Site; or
- upload or transmit any Content that infringes any patent, trademark, trade secret, copyright or other proprietary rights of any party.

(h) Participation in Promotions of Advertisers

Any dealings with advertisers on the Site or participation in promotions, including the delivery of and the payment for goods and services, and any other terms, conditions, warranties or representations associated with such dealings or promotions, are solely between you and the advertiser or other third party. Benesight shall not be responsible or liable for any part of any such dealings or promotions.

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Section 3 – Termination

(a) Termination by Benesight

Benesight reserves the right to terminate this Agreement and any user's account with or without cause at any time effective immediately For example, Benesight, in its sole discretion, may terminate your account for violation of the letter or spirit of this Agreement, if you have provided Benesight with false or misleading registration information, or if you have not used your account for an extended period of time

For Members: Even if Benesight terminates this Agreement and your use of the Site, this does not impact your coverage under the Plan of which you are a participant or your rights under such Plan. Please refer to your Plan for an understanding of your rights under such Plan

For Registered Personnel of Employers: Even if Benesight terminates this Agreement and your use of the Site, this does not impact the employer's Customer Agreement with Benesight related to the Plan.

(b) Termination by Users

If you wish to terminate this Agreement and your account, provide notice to Benesight by sending a secure message to Benesight customer service using the Contact Us ** link ** section of the Site.

(c) Post-Termination

Benesight shall have no obligation to maintain any content in your account. Benesight may, in its sole discretion, continue to provide Members with access to the Site and Health Information (as defined below) pertaining to that individual for a limited period of time (e.g , thirty days) following the termination of Benesight's provision of services to the sponsor of your Plan.

For Registered Personnel of Employers: After the termination of this Agreement and/or the Customer Agreement, Benesight has the right to maintain a copy of all data, including Health Information, related to the Plan and to allow Members to continue accessing such data, subject to use of such information consistent with applicable state and federal privacy laws.

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(d) Survival

The following Sections shall survive any termination of this Agreement: 1, 2(e),2(g), 2(h),3, 4,6, 7, 8, and 9.

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Section 4 – Privacy and Use of Information

For the purposes of this Agreement, "Health Information" means oral or recorded information in any form or medium that is created or received by Benesight or its agent and that relates to a person's past, present or future physical or mental health or condition, the provision of health care to a person, or the past, present or future payment for the provision of health care to a person.

(a) Benesight Privacy Statement for Members

Benesight will not edit, use or disclose Health Information about you without prior permission from you unless Benesight has a good faith belief that action is: (1) for purposes of carrying out treatment, payment or health care operations; (2) for public health or research activities, (3) requested by legally authorized governmental agencies; (4) required by an order of a court of competent jurisdiction; or (5) in emergency situations.

You should know that:

- Except in the circumstances described above, Benesight will edit, use and/or disclose Health Information about you only with the authorization from you.
- You may revoke your authorization effective at any time, except to the extent your Health Information has already been released under your previous authorization.
- You may request that certain uses and disclosures of your Health Information be restricted However, Benesight is not required to agree to such a request.
- You have a right to inspect and copy any of your Health Information held by Benesight. You have the right to request amendment or correction of your information if you believe it necessary. You also have a right to an accounting of any disclosures of such Health Information made by Benesight.
- Benesight may change its policies and procedures relating to Health Information at any time In the event such changes are made, they will be posted on this Site.
- If you believe that your privacy rights to your Health Information have been violated, you may contact Benesight by sending a secure message to Benesight customer service using the Contact Us ** link ** section of the Site.
- The Benesight Site contains links to other third party web sites. Benesight is not responsible for the privacy practices or the content of such third party web sites.
- Benesight intends to provide certain user information, including health care information, in de-identified form to third parties.

(b) Benesight Privacy Statement for Registered Personnel of Employers

Both Benesight and you may use Health Information only: (i) as permitted under applicable federal and state law and regulations regarding Health Information, and (ii) as set forth in the Customer Agreement.

(c) Benesight Privacy Statement for Registered Personnel of Brokers or Consultants

Both Benesight and you may use Health Information only: (i) as permitted under applicable federal and state law and regulations regarding Health Information. Further, you may use Health Information related to a Member only pursuant to the agreement that you have with the sponsor of the Plan associated with that Member.

(d) Benesight Privacy Statement for Non-Registered Users

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Non-Registered Users are not required to provide any information about their identity to Benesight. Therefore, Benesight feels that it is not appropriate to offer any privacy protection to Non-Registered Users.

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Section 5 – Security

Benesight follows applicable requirements under applicable federal and state law and regulations regarding security of the Site and Health Information.

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Section 6 – Intellectual Property

(a) General

You acknowledge that the content on this Site (other than Health Information), including but not limited to text, software, music, sound, photographs, video, graphics or other material, is protected by copyrights, trademarks, service marks, patents or other proprietary rights and laws Further, the entire content of this Site is copyrighted as a collective work under U.S. copyright laws, and Benesight owns a copyright in the selection, coordination, arrangement and enhancement of the content.

The content of this Site, and the Site as a whole, are intended to be used by you solely as set forth herein:

(i) For Members and Non-Registered Users,only for personal, non-commercial use. You may download, print and store selected portions of the content, provided that you (A) only use these copies of the content for your own personal, non-commercial use, (B) do not copy or post the content on any network computer or broadcast the content in any media, and (C) do not modify or alter the content in any way, or delete or change any copyright or trademark notice.

(ii) For Registered Personnel of Employers, only for the limited commercial purposes set forth herein. You may download, print and store selected portions of the content, provided that you (A) only use these copies of the content for the purposes of and in the manner contemplated by the Customer Agreement, and (B) do not modify or alter the content in any way, or delete or change any copyright or trademark notice.

(iii) For Registered Personnel of Brokers or Consultants, only for the limited commercial purposes set forth herein. You may download, print and store selected portions of the content, provided that you (A) only use these copies of the content for the purposes of promoting Benesight or Benesight's services, (B) do not copy or post the content on any network computer or broadcast the content in any media, and (C) do not modify or alter the content in any way, or delete or change any copyright or trademark notice.

No right, title or interest in any downloaded materials is transferred to you as a result of any such downloading. Benesight (or its third party licensors) reserves complete title and full intellectual property rights in any content you download from the Site

Except as noted above, you may not copy, download, reproduce, modify, publish, distribute, transmit, transfer or create derivative works from the content without first obtaining written permission from Benesight.

Trademarks, service marks and logos used and displayed on this site are registered and unregistered trademarks of Benesight and others

(b) Digital Millennium Copyright Act

This Agreement is intended to comply with the Digital Millennium Copyright Act, including but not limited to 17 USC § 512 Notification of claims of copyright infringement should be sent to the following Designated Agent:

Service Provider: Benesight, Inc.
Alternate Names: The TPA, Inc.
Address: 708 East Lake Street Wayzata, Minnesota 55391

Designated Agent: Robert P Brook
Address of Agent: 708 East Lake Street Wayzata, Minnesota 55391

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Telephone No.: (952) 476-6727
Facsimile No.: (952) 745-4875
email address: rbrook@benesight.com

(c) Submissions

Benesight welcomes your comments regarding this Site. However, any comments, feedback, notes, messages, ideas, suggestions or other communications (collectively, "Comments") submitted to Benesight shall be and remain the exclusive property of Benesight Your submission of any such Comments shall constitute an assignment to Benesight of all worldwide rights, titles and interests in all copyrights and other intellectual property rights in the Comments, and you represent, warrant and covenant that you have the right to make such an assignment and that such Comments do infringe any party's rights. Benesight will be entitled to use, reproduce, disclose, publish and distribute any Comments you submit for any purpose whatsoever, without restriction and without compensating you in any way. For this reason, we ask that you not send us any Comments that you do not wish to assign to us, including any confidential information or any original creative materials such as stories, product ideas, computer code or original artwork.

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Section 7 – Disclaimers

(a) Information and Services

The materials provided on this Site are intended as general information only. Benesight does not provide health services or practice medicine Benesight assists medical plan providers and employers in the administration of claims and plans.

(b) Correction of Errors and Inaccuracies

The information on this Site may contain typographical errors or inaccuracies and may not be complete or current. We therefore reserve the right to correct any errors, inaccuracies or omissions and to change or update information at any time without prior notice. We apologize for any inconvenience this may cause you.

(c) Third Party Sites

The links in this site to provider directories and other sites are provided for your convenience only. Such third party sites were not created and are not maintained by Benesight, and Benesight makes no representation as to such sites or their content.

For Members: Before receiving any services from providers listed in any third party site, you should verify that the provider is still participating in your network. You may verify participation by calling the customer service number in your enrollment material or on your ID card

(d) Performance

Benesight is not responsible for your computer's malfunctioning or poor performance while accessing or using the Site, or at any other time.

(e) Site is "AS IS"

You understand and expressly agree that use of the Site is at your sole risk, that any material and/or data downloaded or otherwise obtained through the use of the Site is at your own discretion and risk and that you will be solely responsible for any damage to your computer system or loss of data that results from the download of such material and/or data.

THIS SITE, AND THE MATERIALS ON THIS SITE, ARE PROVIDED "AS IS" WITHOUT WARRANTIES OF ANY KIND. TO THE FULLEST EXTENT POSSIBLE UNDER APPLICABLE LAW, BENESIGHT DISCLAIMS ALL WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, NON-INFRINGEMENT OR OTHER VIOLATION OF RIGHTS. BENESIGHT DOES NOT WARRANT OR MAKE ANY REPRESENTATIONS REGARDING THE USE, VALIDITY, ACCURACY, OR RELIABILITY OF, OR THE RESULTS OF THE USE OF, REGARDING ANY GOODS OR SERVICES PURCHASED OR OBTAINED THROUGH THE SITE, REGARDING ANY TRANSACTIONS ENTERED INTO THROUGH THE SITE OR THAT THE SITE WILL MEET ANY USER'S REQUIREMENTS, BE UNINTERRUPTED, TIMELY, SECURE OR ERROR FREE, OR OTHERWISE RESPECTING THE MATERIALS ON THIS SITE OR ANY THIRD PARTY SITES LINKED TO FROM THIS SITE.

TO THE FULLEST EXTENT PERMITTED BY APPLICA[illegible] LAW, UNDER NO CIRCUMSTANCES, INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE, SHALL BENESIGHT BE LIABLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES THAT RESULT FROM THE USE OF OR THE INABILITY TO USE THE SITE, ANY CHANGES TO THE SITE, UNAUTHORIZED ACCESS TO OR ALTERATION OF YOUR TRANSMISSIONS OR DATA, ANY MATERIAL OR DATA SENT OR RECEIVED OR NOT SENT OR RECEIVED, OR ANY TRANSACTIONS ENTERED INTO THROUGH THE SITE, INCLUDING BUT NOT LIMITED TO DAMAGES FOR LOSS OF PROFITS, USE, DATA OR OTHER INTANGIBLES, EVEN IF BENESIGHT HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES YOU SPECIFICALLY AGREE THAT BENESIGHT IS NOT RESPONSIBLE OR LIABLE FOR ANY THREATENING, DEFAMATORY, OBSCENE, OFFENSIVE OR ILLEGAL CONTENT OR CONDUCT OF ANY OTHER PARTY OR ANY INFRINGEMENT OF ANOTHER'S RIGHTS, INCLUDING INTELLECTUAL PROPERTY RIGHTS. IF YOU ARE DISSATISFIED WITH THE SITE, THE MATERIALS AVAILABLE ON OR THROUGH THE SITE, OR WITH ANY OF BENESIGHT'S TERMS AND CONDITIONS, YOUR SOLE AND EXCLUSIVE REMEDY IS TO DISCONTINUE USING THE SITE. NOTWITHSTANDING ANYTHING ELSE, IN NO EVENT SHALL BENESIGHT BE LIABLE FOR DAMAGES IN EXCESS OF ONE HUNDRED DOLLARS.

(f) Rights Under Law

SOME JURISDICTIONS DO NOT ALLOW THE EXCLUSION OF IMPLIED WARRANTIES OR LIMITATIONS ON HOW LONG AN IMPLIED WARRANTY MAY LAST, OR THE EXCLUSION OR LIMITATION OF INCIDENTAL OR CONSEQUENTIAL DAMAGES, SO SUCH LIMITATIONS OR EXCLUSIONS MAY NOT APPLY TO YOU. THE WARRANTIES PROVIDED UNDER THIS AGREEMENT GIVE YOU SPECIFIC LEGAL RIGHTS AND YOU MAY ALSO HAVE OTHER RIGHTS WHICH VARY FROM JURISDICTION TO JURISDICTION

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Section 8 – Indemnification

You agree to indemnify, defend, and hold harmless Benesight, its parents, subsidiaries, affiliates, officers, directors, employees, consultants, and agents from any and all claims, liability, damages and/or costs (including but not limited to attorney's fees) relating to or arising from your use (or any other user of your account) of this Site, your violation of the Agreement, or your infringement, or infringement by any other user of your account, of any intellectual property or other right of any person or entity.

For Registered Personnel of Employers only: You agree to indemnify, defend, and hold harmless Benesight, its parents, subsidiaries, affiliates, officers, directors, employees, consultants, and agents from any and all claims, liability, damages and/or costs (including but not limited to attorney's fees) relating to the provision or non-provision of benefits under the Plan

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Section 9 – Miscellaneous

(a) Headings

The section titles in the Agreement are solely used for the convenience of the parties and have no legal or contractual significance.

(b) Territory

This Site is controlled and operated by Benesight from its offices within the United States. Benesight makes no representation that materials and information on the Site are appropriate for use in or viewing from other locations Those who choose to access this Site from other locations do so on their own initiative and are responsible for compliance with applicable local law.

(c) Successors

The Agreement will inure to the benefit of Benesight's successors, assigns and licensees

(d) Waiver

Benesight's failure to exercise or enforce any right or provision of this Agreement shall not constitute a waiver of such right or provision unless acknowledged and agreed to by Benesight in writing. No waiver of one provision of the Agreement by Benesight on one occasion shall constitute a waiver of any provision of the Agreement on any other occasion.

(e) Limitations on Claims

You and Benesight agree that any cause of action arising out of or related to this Agreement or your use of the Site must commence within one (1) year after the cause of action arose; otherwise, such cause of action is permanently barred.

(f) Severability

If any provision(s) of this Agreement is held by a court of competent jurisdiction to be contrary to law, then such provision(s) shall be construed, as nearly as possible, to reflect the intentions of the parties with the other provisions remaining in full force and effect.

(g) Language

It is the express will of the parties that this Agreement and all related documents have been drawn up in English

(h) Choice of Law, Jurisdiction

This Agreement shall be governed by and construed in accordance with the laws of the state of Minnesota and the United States of America, excluding their conflict of law provisions. You hereby agree to personal jurisdiction and convenient venue and submit to the exclusive jurisdiction of Hennepin County District Court, State of Minnesota, USA or United States District Court, District of Minnesota, USA, for resolution of any legal action.

(i) Entire Agreement

Except as set forth in Section 1(b), this Agreement constitutes the complete agreement between the parties with respect to the subject matter hereof and supersedes and replaces all prior or contemporaneous understandings or agreements, written or oral, regarding such subject matter

Revised: August 9, 2000

M2: 20327997.08

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Find a Provider

Not all networks offer online provider searches. The following provider networks are currently available to you online. For each of the following provider networks, you can access information on participating physicians, hospitals and other healthcare providers. Because the following links are to sites not maintained by Benesight, you should contact the provider network directly with specific questions.

UNITEDhealthcare

The United Healthcare National PPO network features a vast national network of physicians and other health care providers from which you can receive healthcare services. You can search this network by type of provider and their geographic location

CCN

CCN National PPO Network features convenient access to more than 340,000 provider locations nationwide

AdvancePCS

As a provider of pharmacy benefit management (PBM) services, AdvancePCS provides easy access to retail pharmacies, mail service prescriptions and information on cost-effective alternatives. Find a pharmacy near you.

PHCS PRIVATE HEALTHCARE SYSTEMS

Private Healthcare Systems' PPO network is one of the nation's largest, with more than 300,000 providers and 2,800 hospitals nationwide. Find a provider near you.

PreferredOne

PreferredOne has provided healthcare services to members, employers, insurance companies and third party administrators throughout the Upper Midwest since 1984. Search for a provider near you.

Beech Street Corporation

Beech Street has affiliations with more than 320,000 physicians, 3,000 hospitals and 60,000 specialty providers nationwide. Through these affiliations, approximately 16 million people receive network and healthcare services. Search for a provider that meets your needs.

First Health

The AFFORDABLE Medical Networks

The First Health® Network is the largest directly contracted preferred provider organization (PPO). The network is made up of nearly 3,700 hospitals, 267,000 physicians and 71,000 allied health professionals, located in 50 states, the District of Columbia and Puerto Rico. Benesight gives you access to this expansive provider network.

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ProAmerica MANAGED CARE

ProAmerica's network covers 49 states and offers access to thousands of providers, primarily in rural and secondary markets Locate a provider or facility near you based on the criteria you choose, or lookup a provider by name.

GUARDIAN *DentalGuard Preferred Select Network*

Guardian offers members access to a national network of dentists, orthodontists and dental practitioners. Search the dental directory for a nearby dentist or you can check if a particular dentist is a network participant.

The materials provided on this site are intended as general information only. Benesight does not provide health services or practice medicine, but assists medical plan providers and employers, in the administration of plans and claims. Before receiving any services from providers listed in any site, you should verify that the provider is still participating in the network. You may verify participation by calling the customer service number available in your enrollment materials or on your ID card.

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Glossary

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

A

Accident
An unexpected occurrence causing loss or injury that is not the fault of the person injured. Bodily injury is caused by an external source

Account Manager
The marketing representative who handles a client's account, including many aspects of client services

Activities of Daily Living (ADLs)
Activities performed as part of a person's daily routine of self care, e.g., bathing, dressing, eating

Acts of Third Parties
This provision is most often referred to as subrogation and the statement is a subrogation statement. The acts of third parties provision applies when an employee (or dependent) appears to have suffered an injury or illness because of an act or omission by another person Benesight will not provide benefits for cases involving third parties until the employee completes and signs a statement (provided by the plan) agreeing to reimburse the plan for any expenses recovered from a third party.

ADA
American Dental Association codes are used in billing for dental services.

Add-on States
States that allow policyholders to obtain compensation for auto accidents from their own insurers without regard to fault. These are known as "add-on" states, because first-party insurance benefits have been added to the traditional liability system.

Administrative Costs
The costs incurred by a carrier for administrative services such as claims processing, billing, enrollment and overhead costs These costs may be expressed as a percentage of premiums or on a per-member, per month basis.

Adjustment Disorder
Maladaptive reactions to identifiable psychosocial stressors occurring within a short time after onset of the stressor. They are manifested by either impairment in social or occupational functioning, or by symptoms (depression, anxiety, etc.) that are in excess of a normal and expected reaction to the stressor.

Administration Services Only (ASO)
Management services provided by a third party for an employer group that is financially at risk for the cost of health care services These services may include claim payments, medical management services and/or network access. This is a common arrangement when an employer sponsors a self-funded health benefit program.

Admission
When a registered patient is admitted for at least 24 hours to a hospital, skilled nursing facility or other health care facility

Aftercare
Services following hospitalization or rehabilitation individualized for each patient's needs.

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Frequently Asked Questions

Help with Claim Inquiries
Help Understanding Your Benefits
Find a Provider or PPO?
Help Using the Benesight Web Site
Help Understanding Healthcare-Related Law

Help With Claim Inquiries

How do I file a claim?
When should I file a claim?
Why is Additional Information Sometimes Requested?
How will additional Claim Information be Requested?
What Are the Most Common Reasons for Requesting Information?
Why Was my Claim Denied for Services that my Doctor Suggested I Should Receive?
My claim was denied. How do I appeal this decision?
Why are claims that have been submitted several times still not in the system?
Why did you pay my claim as non-PPO?
What does over Usual and Customary Mean?
What is a PPO Discount?
My claim was submitted, but I cannot find it in the system. What should I do?
I am responsible for handling my mother's (father's) affairs and need to see if some claims were paid by the insurance, can you help me?
What is an EOB?
What is the status of my claim?
I think my claim was processed incorrectly. How can I find out if it is correct?
I did not receive a check for reimbursement of my claim. Why not?

Help Understanding Your Benefits

Medical Management

What is Utilization Review?
How does pre-certification work?
What is Case Management?

Benefit Plan Limitations

What's the difference between a deductible, a copayment and out-of-pocket expenses?
I've met my deductible. Why aren't my claims paid at 100 percent?
I've met my deductible for the year. Why did you take another deductible from my spouse?
I paid my deductible to my doctor, but I noticed you applied my deductible against the hospital bill. How will this be resolved?
What is a Deductible Carry-Over Credit?
How does the Coordination of Benefits work?
I am covered by two group health plans. My other plan has better benefits; can I select which plan is primary?
If I have two group health programs, why are my claims not paid in full?
What is a pre-existing condition?
How long does the pre-existing condition limitation apply?
My deductible was already taken from my paycheck. Why was another deductible applied on this claim?
My deductible has already been met. Why did you apply a co-payment to my doctor's office visit?
What is an exclusion?
What is a maximum?

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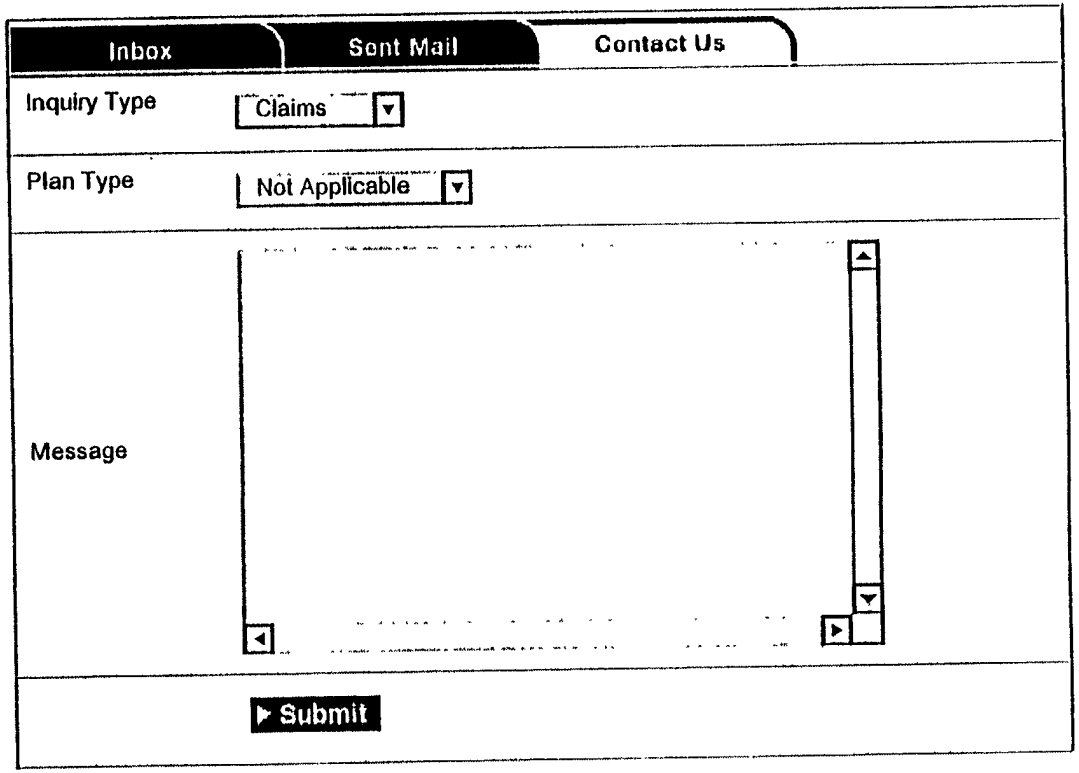
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Contact Us

Unlike many businesses, we know that you need answers to your health coverage questions beyond the 9 to 5 workday That's why we're here to help-whenever you need us. Whether you need to answer a question or research information on your plan's coverage, we've loaded our site with frequently asked questions and help sources to meet your needs.

No matter the time, you can always send us a secured message from your Benesight mailbox. We'll respond to your message within 24 hours or the next business day-it's really that simple. Just select the nature of your question to begin.



TOSHIBA Satellite

Benesight Our Services | Privacy & Security | Terms of Use | Welcome Page

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Welcome to the Benesight Career Opportunities Page!

Who is Benesight?
Benesight delivers customized, flexible web-based solutions for healthcare benefit management and administration By delivering tools and services over the Internet, we are able to provide real-time, personalized information, on your desktop - - day or night

Why Choose Benesight for your Next Career Move?
Benesight is an Equal Employment Opportunity employer who strives to maintain a workplace that accepts and values the differences in culture, age, ethnicity, physical and mental abilities and lifestyles. We employ individuals based solely on job requirements and qualifications

Benesight is committed to providing a safe and healthy work place and to minimizing risks to its employees and the public by maintaining a drug and alcohol free workplace.

Benesight offers competitive salaries, management bonus programs, and a competitive Benefits Package.

How Can I Find Out More?
To find positions we are currently seeking to fill, take a look at our open Position Descriptions.

Apply Online!
Find out how to Apply Online for a Benesight position.

TOBACCO BATHEOOT

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Latest News

September 5, 2000
Benesight is pleased to announce the beta-launch of its web-based healthcare Administration service, which will serve 17 employer clients with 30,000 employee members in the United States. When the site goes live, Benesight will serve over 1 million members nationwide.

August 7, 2000
The TPA announces its name change to Benesight and introduces its revolutionary online delivery of healthcare information services for employers, members, consultants and providers.

Benesight

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Frequently Asked Questions

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I cannot recall my PIN. What should I do?
I forgot my password. What do I do?
How can I get a Personal Identification Number (PIN) to use the site?
I'm having trouble downloading Adobe Acrobat Reader. What do I do?
How can I save the file I open in Acrobat Reader to my hard-drive?
I just downloaded a form. Can I complete it online and email it back?
When I send a question via email, how long will it take to receive a response?
I enter Benesight through an AOL connection. Why am I having trouble?
What's the optimal screen resolution for this site?
How should I set the font size on my screen for best viewing?
Why do I get an alert about the site certificate when I log in to Benesight?
Why do I get these "server/page not found" errors in Internet Explorer 5?
Why do some photographs and other graphics display poorly?
Why is the page cut off at the bottom? I can't scroll to move it up.
Is it safe to view my private health information over the Internet?

Help Understanding Healthcare-Related Law
What is HIPAA?
What is COBRA?

Help Using the Benesight Web Site

I cannot recall my PIN. What should I do?
Members: If you are an online employee member, you have already received a PIN in your Welcome Packet
- Request a copy of your PIN here
- Unsure if you are an online member?

Employer Clients: If you have already implemented online services through Benesight and need to request another copy of your PIN, please contact your Benesight Customer Web Manager. If you are interested in activating online services for your company and its employees, contact your Benesight Representative.

Brokers or Consultants: If you received a PIN and have forgotten it, please contact your Benesight Customer Web Manager If you are new to Benesight and would like to request a PIN, contact your Benesight Representative.

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I forgot my password. What do I do?
If you are an employee member, you can view the password hint that you established when you first registered with Benesight If you are an Employer Client or Broker/Consultant, contact your Benesight Customer Web Manager.

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How can I get a Personal Identification Number to use the site?
Certain sections in our web site are dedicated exclusively to our employer clients, their consultants and the employees and family members of our employer clients. You can only access these services if you have previously received a Personal Identification Number in the mail Check with your Human Resources Department if you are unsure.

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I'm having trouble downloading Adobe Acrobat Reader. What do I do?
Adobe® Acrobat® Reader™ is free, and freely distributable, software that lets you view and print Adobe Portable Document Format (PDF) files. With Acrobat Reader, you also can fill in and submit PDF forms online, as well as download encrypted content from the Web and unlock it with Web Buy.

If you are having difficulties, please visit their web site for additional information.

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How can I save the file I open in Acrobat Reader to my hard-drive?
From the toolbar within Acrobat Reader, select File then Save. Enter the location where you want to save the file (Save in.) and the name of the file (File Name) and press Save.

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I just downloaded a form. Can I complete it online and email it back?
No, at this time it is not possible to send forms to Benesight by email. Please mail the form to the appropriate address on the back of your ID card.

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When I send a question via email, how long will it take to receive a response?
Generally, we will respond to your inquiry within 24 hours or on the next business day.

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I enter Benesight through an AOL connection. Why am I having trouble?
Benesight tries to maintain a good balance between high color, attractive graphics and fast, simple page design. Some Internet Service Providers, such as AOL, will compress and cache graphics. Compression reduces the size of graphics. Caching stores them on your hard drive. This conserves your provider's server capacity and improves your Internet session. The bad news is it can also reduce the number of colors in graphics and make them look blotchy. Unfortunately, there is often no way to fix this on your computer. One thing you can control is graphic compression. You can change your AOL preferences to set your graphic compression to 100% (no compression). This will allow the Internet graphics to display as they were intended.

Another good practice is to download and install a full version of Microsoft Internet Explorer or Netscape Communicator. (The version of Internet Explorer that comes with AOL is a smaller, modified version. It's not the same thing as the standard Internet Explorer.) You can then sign onto AOL as usual and minimize the window. Launch Internet Explorer or Netscape Navigator and surf the Internet using that browser. Another tip is to refresh your screen. Because AOL often cache Web pages, you may not be looking at the updated version of a Web site. Just refresh or reload your screen to make sure you're seeing the most recent version.

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What's the optimal screen resolution for this site?
We designed our site for the resolution and font settings which fit the majority of computers that visit our site while giving us a good amount of space to display information. Most computers and monitors made within the last decade can be reset to these specifications.

Windows 95/98/NT
Click on Start, then Settings, then Control Panel, then Display, then Settings. Or, click your right mouse button on any empty area on the desktop. Select Properties, then Settings.

Slide the desktop area Screen Resolution indicator up until 800 x 600 or higher is displayed. Use the drop down menu under font size to select small fonts. Click Ok and you're ready to go! If you can't select it, or if you get an alert box explaining your system can't display that resolution, then you won't be able to view our entire site.

Mac OS
From your lower left toolbar, click on the icon for Multiple Scan Display. Choose the display settings closest to 800 by 600.

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How should I set the font size on my screen for best viewing?
The Screen Resolution indicator should be set at 800 x 600 or higher.

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Why do I get an alert about the site certificate when I log in to Benesight?
For your protection, Benesight relies on secure sockets layer (SSL) encryption technology The industry standard, SSL encryption technology is among the safest software available today for secure transactions It encrypts all the personal information you send and receive so someone else can't read it as it travels over the Internet. If you have ever used your credit card on a Web site, chances are you've used the same technology!

Any company that wants to encrypt information over the Internet applies for a digital certificate. When your browser finds a certificate for the first time, you will receive an alert message. You'll be able to see who owns the certificate, and make sure that company is one you trust If it is, approve the certificate. Your browser will walk you through the process. Your computer will then "remember" this site so you won't have to approve the certificate again.

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Why do I get these "server/page not found" errors in Internet Explorer 5?
Areas of this site use new technology to generate Web pages specific to your requests. If you let your browser cache history pages for better performance, you may find that a page you viewed the last time no longer exists on the system Usually, the browser recognizes content changes and would display the new page rather than the cached copy in your history file Under some circumstances, though, the change goes unnoticed until you try to navigate to a connected page If you wish to avoid this, follow your browser's Help instructions to make sure you automatically refresh pages each time you visit a site.

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Why do some photographs and other graphics display poorly?
Benesight tries to maintain a good balance between high color, attractive graphics and fast, simple page design. Some Internet Service Providers, such as AOL, will compress and cache graphics. Compression reduces the size of graphics. Caching stores them on your hard drive. This conserves your provider's server capacity and improves your Internet session. The bad news is it can also reduce the number of colors in graphics and make them look blotchy. Unfortunately, there is often no way to fix this on your computer.

One thing you can control is graphic compression. You can change your AOL preferences to set your graphic compression to 100% (no compression). This will allow the Internet graphics to display as they were intended.

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Why is the page cut off at the bottom?
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Slide the desktop area screen resolution indicator up until 800 x 600 or higher is displayed Use the drop down menu under font size to select small fonts. Click Ok and you're ready to go! If you can't select it, or if you get an alert box explaining your system can't display that resolution, then you won't be able to view our entire site.

Mac OS
From your lower left toolbar, click on the icon for Multiple Scan Display Choose the display settings closest to 800 by 600

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Is it safe to view my private health information over the Internet?
We take your privacy seriously. For your protection, Benesight relies on secure sockets layer (SSL) encryption technology. The industry standard, SSL encryption technology is among the safest software available today for secure transactions. It encrypts all the personal information you send and receive so someone else can't read it as it travels over the Internet. If you have ever used your credit card on a Web site, chances are you've used the same technology!

If your browser is set up to alert you, then you may get a warning message when you enter Benesight. This message tells you that you are about to enter a secure site. Even if you do not get this alert box, Benesight is still secured.

To complete your protection, remember to guard your selected user name and password This is your personal lock on all your information You also need to be careful if you are using the Internet at a public place, such as the library or your place of business. Just remember to log out of Benesight by clicking on the logout button in the upper right corner of the site. This will prevent someone else from looking at your data It's just like leaving your keys in the car ... be sure to take them with you when you leave!

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Help Understanding Healthcare-Related Laws

What is HIPAA?
Health Insurance Portability and Accountability Act of 1996. This act sets federal requirements for group health plans that let individuals carry over credit for coverage from one carrier to another. This may reduce or eliminate the member's pre-existing condition limitations under a new plan.

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What is COBRA?
Consolidated Omnibus Budget Reconciliation Act. A federal law that allows the continuation of health care benefits for employees whose employment has been terminated. Employers are required to notify employees of these benefit continuation options, or the employer will face penalties and fines. The enrollee pays the premiums (cost of coverage).

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Site Requirements

Browser Support
This site is best viewed with a frames-enabled browser such as Internet Explorer 4.01, Netscape Navigator 4 08 or higher, or American Online version 4.0 or higher. To take full advantage of our many tools and features, you must have a browser that supports 128-bit encryption.

Free Upgrades
Adobe Acrobat is also required to view some of the documents and forms on the site. Please use these free updates for your Windows 95, Windows 98 or Windows NT systems:



Netscape Navigator version 4 7 (Domestic 128-bit encryption)



Microsoft Internet Explorer version 5



Adobe Acrobat reader version 4 0.5 for Windows 95/98 and NT.

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Contact Us

If you have questions or would like to contact Benesight, you can send a General Message, contact our Headquarters Location, or contact one of our national Benesight Administrative Services Centers. If you know the Benesight professional you need to reach, contact them directly through the Benesight Company Directory.

We have also loaded our site with answers to frequently asked questions and help sources to meet your needs

Headquarters Location

The address for Benesight headquarters is:

Benesight
708 East Lake Street
Wayzata, Minnesota 55391

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Benesight DEMO

Start demo now

Take a closer look at how Benesight can help manage health care benefits through our innovative web-based tools for:

- **Employers**
- **Employees and their Family Members**
- **Consultants**
- **Providers**

To start
Begin exploring the demo by clicking on one of the icon buttons on the left.

To navigate
Navigate through this demo by clicking on any of the ▶ Submit buttons or any active links as indicated by the underlined text.

To end
To return to Benesight.com, close this browser window.

- For more information, please contact us.
- Return to the Benesight Welcome Page

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Welcome, Rob Last login 14 Dec 2000 Logout

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myplan

...at a glance

Medical Benefits

Payments Made (MTD).	$44,051.67
Payments Made (YTD):	$2,560,454.04
Enrolled Employees:	821

E-Service Center

Registered Employees:	478
Total Registered Users:	593
Member PINs Issued:	1781

- Plan Description

My Mailbox
- 0 new messages in your mailbox

My Statement
- View current invoice for payment

Claims Summary
- In-Process: 17
- Pending: 385

Customize Your Page
- Post Message to Employees
- Manage User Authorizations

myresources

online pharmacy

find a provider

Merck Medco

WebMD

Don't miss the next live chat event!

WebMD Live Events

Health-E-Tools

Health Risk Appraisal
Nutrition Quiz Target Heart Rate Calculator

Join a Community

Allergies Open Discussion

Brain Cancer Treatment Options and Experiences

Emotional Wellness Love and Intimacy

More ...

myheadlines

Cargill Recalls Poultry Products Linked to Deaths and Pregnancy Tragedies
Cargill Inc.'s chief executive officer on Friday urged customers to destroy recalled poultry products that have been linked to four deaths and three miscarriages or stillbirths.
[full story]

Desire to Die in Terminally Ill May Be Due to Depression
Terminally ill people who wish for a quick death may have treatable clinical depression or hopelessness, according to doctors at Memorial Sloan-Kettering Cancer Center in New York.
[full story]

FDA Approves Tamiflu for Treatment of Flu in Children
A flu drug recently approved as an emergency replacement for the flu shot has now also been approved for the treatment of children.
[full story]

Estrogen Voted Onto List of Cancer-Causing Agents
Though hormone replacement therapy containing

mymessages

Employer Message
We are among a very select number of employers who have been chosen to participate with Benesight in the initial launch of its new web site. The web site will give you 24-hour access to personal information on your health care benefits. Your participation and feedback is important, and will help shape the future development of the site. So use the site and give us your feedback or send a message to Benesight with your comments
We're pleased to be participating in this exciting project, the ultimate goal of which is to provide the very best, most technically advanced access to your health care benefits information, day or night.
[full message]

Message from Benesight
Welcome to Benesight
[full message]

TOBACCO BATHROOM

Though hormone replacement therapy containing estrogen is great for protecting postmenopausal women against heart disease and osteoporosis, a government scientific advisory panel voted eight to one Friday to add steroidal estrogen to the nation's list of "known" cancer-causing substances.
[full story]

So What Will Bush Do for Our Health?
Well over a month after election day and the ensuing electoral chaos, it's now finally certain that Republican Texas Gov. George W. Bush has gained the Presidency of the United States.
[full story]

topstory

Regional Anesthesia Scores a Knockout
Woody Allen defined major surgery as "anything being done to me," and like the filmmaker and comedian, many people prefer to be out cold when they're under the knife.
[full story]



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Member Forms

Do your members need forms? No problem. You can download and print ready-to-use forms for them right here

Forms are in PDF format. You will need Adobe Acrobat to view and print a form. If you have any questions, visit our Adobe Acrobat page

Download the form you need by clicking on its title To print, click on the print icon in the Adobe Acrobat toolbar, located above the form Please read the form instructions carefully to ensure your request is processed correctly, quickly and efficiently.

Enrollment/Change Form
Used to enroll in medical, dental, vision, disability or other benefit plans or make changes in elections or personal information

Flexible Benefit Plan Enrollment/Change Form
Completed by employees electing to participate in a flexible spending account or to have contributions withheld on a pretax basis. Also used for election changes based on a change in family status.

Claim Form
Use this form to submit any medical, dental or vision claim

Short-TermDisabilityClaimForm
Use this form to apply for short-term disability benefits.

Short-Term Disability - Supplemental Claim Form
Allows the Attending Physician to provide additional information on a member's accident or illness relative to their disability claim

Cobra Action Report I
Employer Notification of COBRA event for an employee.

Cobra Action Report II
Employer Notification of COBRA event for a dependent.

Existing COBRA Continuee
Transfer current COBRA information on each participant

TOBACCO EXHIBIT

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Policies and Procedures

Access, review and search Benesight's library of policies and procedures. Select a section of the library to review, or search the entire library for keywords.

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Legislation and Compliance

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mytools

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Working with Benesight

Select a category to review Benesight policies.

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Not finding what you are looking for? Try Frequently Asked Questions, Administering your Healthcare Plan, Legislation and Compliance, or contact your Account Manager.

Auto Audit
Benesight uses Auto Audit, a claims-screening software program that combines clinical expertise with leading-edge computer technology Auto Audit can identify, correct and document a wide variety of costly physician claims-coding errors. With Auto Audit, inaccurate physician claims are denied, reduced, or rebundled, enabling the employer to reduce bottom-line health plan expenditures.

Auto Audit applies American Medical Association (AMA) medical protocols and utilization review guidelines to claims **before** payment is made and uses each patient's medical history to verify procedure codes. Auto Audit uses more than 4 million procedure codes to detect billing errors or irregularities in physicians' claims, health services that are not medically necessary, and physician reimbursements that are maximized intentionally or accidentally.

As a Benesight customer, you gain the benefits of Auto Audit, including:

Full Integration – Auto Audit can be customized to accommodate most benefit plan designs.

Clinically Valid – Auto Audit implements national standards to determine appropriateness of care and is backed by a multi-disciplinary panel of physicians.

Comprehensive – Auto Audit reviews and ensures that all components of patient care are necessary; medical care, laboratory tests, surgery, assistant surgeon, and radiology procedures. It handles payment reconciliation on current and historical claims.

Date Reports – Reports provide early identification of high-risk patients with potential for case management before high costs are incurred Savings outcomes and action steps on inaccurate and erroneous claims are communicated back to the employer.

Effective – Expected savings range from 8 – 14% of all physician payments

Fast – The implementation of Auto Audit does not interrupt Benesight's claims processing operation or service standards

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Banking and Funding
Claim Payment Account
Funding
Trust Account

Claim Payment Account
Benesight will assist you in establishing a claim payment account at the financial institution of your choice An authorized signatory of Benesight will execute the signature card

We will prepare checks drawn on this payment account for the payment of claims processed under your plan At the beginning of each month, you will receive a report listing all of the checks prepared in the prior month Authorized users can also access your report at any time through Benesight's reporting features

Checks will be released in the order processed. Any advancement you receive under a stop loss insurance policy must be used to pay those claims that created the advancement.

Funding
After notifying your company of the amount needed to fund processed claims, Benesight will release the claim checks.

You must ensure that the claim payment account contains sufficient money to fund these claim checks Failure to fund your claim payment account when notified by Benesight could result in suspension or termination of the administrative contract.

Trust Account

Generally, self-funded ERISA plans that collect employee contributions on an after-tax basis should place those contributions into a trust account with a written Trust Agreement You may want to use your trust account as the claim payment bank account for deposit of all plan contributions and payment of claims. This bank account becomes the trust account and a Trust Agreement should be executed for that account

Funds from the trust account should be used only to pay claims that are processed and waiting for payment Stop loss premiums and service fees due to Benesight should only be paid with your company's funds and not from the trust account or claim payment account

Employers with a trust account are required by ERISA to have a fidelity bond covering the account The required coverage is the lesser of $500,000 or 10% of the total amount of employee contributions for the prior plan year. If there was no trust account in the prior plan year, use an estimate of funds to be placed in the account in the upcoming plan year. This bond may be available through your company's property or liability insurance policies.

If your company currently has a self-funded ERISA plan that collects employee contributions on a pre-tax basis through a qualified Section 125 program, your company is not required to comply with the trust requirements outlined.

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Billing
The Billing Process and Adjustments
Remittance Process

The Billing Process and Adjustments

- A monthly billing statement, called a list bill, will be generated around the 20th of each month and posted online This monthly statement lists all covered employees for the month and outlines each applicable fee and premium due The bill includes not only your administrative fees, but also your stop loss premiums, and other product/vendor fees, such as PPO access fees.
- In order for eligibility changes to appear on the current month's bill, changes should be made by the 10th of each month All eligibility changes should be made via the Online Benefits Enrollment system; please do not make any eligibility changes on the bill, or send changes to the payment remittance address. Any changes entered after the 10th of the month will appear on the following month's statement with any applicable retroactive adjustments.

Remittance Process

- Payment is due the first of each month, as outlined in your Customer Agreement with Benesight. Please pay on time so Benesight can remit all vendor/carrier fees on a timely basis and prevent any cancellation of coverage or services.
- ***Please pay as billed.*** Any adjustments due will be reflected on the next month's statement.

Payment Options
By check made payable to Benesight:

Please check with your Customer Manager for the correct Suite Number to direct payments to

Via First Class Mail:	Via Courier (i.e. FedEx, etc.):
Attn: Benesight	The Northern Trust Company
The Northern Trust Company	(Acct 90344)
(Acct. 90344)	350 North Orleans Street
75 Remittance Drive, Suite 1457	Receipt and Dispatch, 8th Floor
Chicago, IL 60675-1457	Chicago, IL 60654
	Attn: Benesight, Suite 1457

(NOTE: Complete address information as shown above is important to ensure proper delivery)

By direct payment:

You may authorize Benesight to withdraw the fees directly from a bank account. ERISA provisions state that this account must not co-mingle fees with Plan Assets. Therefore, a separate account from your Claim Payment Account is necessary. If you would like us to directly withdraw administrative or other vendor fees, please let your Customer Manager know.

- Payments received after the last day of the month will be assessed a late fee equal to 1.5% of the outstanding fees (as outlined in your Customer Agreement). Any late fees assessed will appear on the following month's bill
- Questions concerning your bill should be directed to your Customer Manager at Benesight

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Employee Assistance Programs (EAPs)
Personal problems and physical health are interrelated. In fact, there is significant overlap between work, mental health, and physical health issues. Such issues are often directly related to an employee's sense of well being and level of productivity.

An employer's success depends on managing health care expenses and keeping employees healthy and productive With early intervention, potential disruptions and dysfunctions can often be effectively reduced or prevented.

Benesight works with the best EAP vendors nationwide. The EAP vendor associated with your account is listed below. Please visit the vendor's Web site for more detailed information on resources and contact information, or call the vendor's customer service number, listed below

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Performance Guarantees

Please contact your Customer Manager for more information about our performance standards

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TRACEY BATHSON

Prescription Benefits Management

Prescription drugs represent a rising percentage of total health care costs. Benesight has joined forces with selected managed care pharmacy vendors to maximize the savings on prescription drug expenses. You get access to extensive retail pharmacy networks, mail order services, and sophisticated claims adjudication systems. In selecting Prescription Benefit Management partners, Benesight seeks vendors who supply:

- Member choice
- Procedural fairness
- Physician connectivity
- Support of new drug discoveries
- Lifestyle as well as life-sustaining medications
- A web-enabled system
- Cost containment
- Exceptional quality of care

The Prescription Benefits Manager associated with your account is listed below. Please visit the vendor's Web site for additional information, including participating pharmacies, claim forms, and contact information

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Plan Documents

The Plan Document is the governing legal document for your healthcare plan. It defines the benefits available and determines claim payment and eligibility requirements.

The employer defines coverage and eligibility under the plan, which are then detailed in the Plan Document

The Plan Document is used by Benesight in processing claims and by the stop loss carrier in determining aggregate and specific benefit payments to the employer.

ERISA requires that you provide the employees who participate in your health plan with a detailed description of your plan within 120 days after the plan first comes subject to ERISA.

The plan description should include:

- An explanation of the eligibility requirements;
- The benefits offered; and
- The limitations of the plan.

View Plan Documents

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Preferred Provider Organizations

A Preferred Provider Organization (PPO) is an organization of medical providers delivering health care on a discounted, fee-for-service basis

"In-Network" refers to those providers who have contracts with the PPO.

"Out-of-Network" are all providers who do not have contracts with the PPO

Plan participants have a choice of using in-network providers or out-of-network providers. Choosing an in-network provider generally results in lower copayments, deductibles and coinsurance charges. Both the member and the employer can realize substantial savings by using in-network providers.

If services are received from an out-of-network provider, generally the Plan will cover the services, but at a reduced reimbursement level

PPOs are one of the most flexible forms of managed care, providing savings and allowing the employee the option of receiving care from any provider.

Benesight has contracts with national, regional and local PPO networks that can serve the needs of employers with both single and multiple locations. In fact, we have access to virtually any provider that a customer may choose to use.

Advantages

Vendor Integration – Benesight can work with almost any PPO vendor of your choice or one of our recommended business partners.

Provider Credentialing – PPOs use stringent guidelines in credentialing their providers, so that employees can be assured of quality care

On-Site Repricing – Health claims received by Benesight can be repriced on-site for many PPOs and inputted directly into our claims area for processing.

PPO Benefit Plans – PPO benefit plans can be "flagged" in the system to assist in monitoring and tracking PPO usage

Physician Directories – Physician and hospital directories for employees and employers are available for a separate fee through the PPO In addition, most PPOs provide access to their hospital and physician network on the Internet By accessing the PPO's web site, employees can easily locate a network physician and/or hospital.

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Overview of Self Funding
What is self-funding?
What are the advantages of self-funding?
How does self-funding work?

What is Self-Funding?
Under a self-funded health plan, an employer assumes responsibility for paying the health claims incurred by plan participants The employer usually purchases stop-loss insurance for protection against large, unforeseeable claims. Unlike a traditional health plan, in which an employer pays a fixed premium to an insurance company every month regardless of the amount of claims incurred, a self-funded health plan gives the employer greater control over plan costs – with some increased risk

What are the Advantages of Self-Funding?
Self-funded health plans offer the following advantages:

- **Increased Cash Flow:** The employer holds funds until they are needed to pay claims Funds can be managed and controlled by the employer rather than the insurance company.
- **Cost Savings:** Self-funded plans are generally regulated by ERISA and can avoid costly state-mandated benefit coverages and state premium taxes. The employer may earn interest on funds that would otherwise be held by an insurance company, and plan administrative costs are lower than those with a fully insured plan
- **Plan Design** Flexibility: A Self-funded plan is not regulated by the state and, therefore, generally does not have to comply with state-required benefits. The employer can design a benefit plan that fits its benefit philosophy and cost objectives

How does Self-funding Work?

1. The employer decides upon a plan of benefits with the assistance of a broker or consultant and Benesight
2. Stop-loss insurance is purchased to protect the employer against catastrophic and/or unpredictable claims
3. A plan document is prepared. The plan document contains all the benefit provisions, including eligibility, coverage and termination provisions.
4. Benesight performs eligibility and claims administration according to the plan document

5. The employer establishes a bank account to fund the claims.

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Stop Loss Administration
What is Stop loss Insurance?
What Stop loss Insurance Coverage is Available?
Who is Insured?
Reinsurance Management

What is Stop loss Insurance?

Stop loss insurance provides the employer with financial protection against catastrophic or unpredictable losses Under a stop loss policy, an insurance company becomes liable for claim payments that exceed certain limits called deductibles

What Stop loss Insurance Coverage is Available?

Stop loss coverage comes in two basic types· Aggregate and Specific

- **Aggregate Stop loss Insurance** protects against fluctuations in claims frequency and/or severity It limits the overall yearly claims liability by reimbursing the employer when the claims paid for the self-funded plan, as a whole, exceed the preset limit (aggregate deductible)
- **Specific Stop loss Insurance** protects against catastrophic claims incurred by one individual It limits the yearly claims liability by reimbursing the employer when the claims paid for one covered individual exceeds the preset limit (specific deductible)

Who is Insured?

A significant difference between stop loss and conventional fully insured plans is that stop loss insures only the employer, it does not insure any employee.

Reinsurance Management

Benesight maintains strategic relationships with the highest rated stop loss carriers throughout the country Due to our national presence, employers have access to virtually any stop loss carrier and multiple types of coverage while benefiting from the most competitive rates

Stop Loss Solutions – Benesight has access to a wide variety of stop loss products and services that include individual and aggregate coverage, an aggregating specific product, premium risk sharing arrangements, and a terminal liability option. We also have access to Managing General Underwriters (MGUs) who represent carriers that provide specific products and solutions to meet unique customer needs

Vendor Integration – We can bill, collect, and remit monthly premium payments directly to the carrier eliminating the need to process multiple invoices and payments.

Monthly Review – Benesight will review paid claims by individual to monitor the progress of claims reaching or surpassing 50% of the Individual Specific Deductible. When necessary, we will notify the carrier of the specific details of the claimant and together, Benesight and the carrier, will closely follow the claim. The aggregate claims, if applicable, will also be tracked to ensure awareness of any approaching aggregate claims

Renewal Review – Benesight will evaluate the stop loss pricing at renewal and ensure a fair and competitive market value for the services offered

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Subrogation
Benesight maintains relationships with major subrogation firms to provide claims negotiations and maximum recovery efforts from responsible third-party insurance companies and other payors. These recovery professionals include experienced attorneys, property and casualty experts, registered nurses and paralegals.

Claims Referral Process – Benesight works with each customer to identify and maximize recovery efforts and manage all correspondence with

employees and third parties.

State-of-the-Art Subrogation Software – Claims data is transmitted to claims recovery firms via electronic format or hard copy to evaluate claims history line by line, identifying those with the greatest third party liability potential.

Claims Negotiation – Subrogation vendors negotiate and settle claims with insurance companies and other payors.

Subrogation Reporting – Reports document the recovery process on a monthly or quarterly basis, which includes new case activity, active cases in process and closed cases with recovery results.

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Administering your Healthcare Plan

By self-funding your healthcare plan, you take on special responsibilities. Use these documents to guide you through legal and procedural requirements to make the administration of your plan run smoothly.

Informing Employees
Enrollment and Eligibility
Claims
Flexible Benefits

Informing your Employees

The success of your plan depends on effective communication with your employees. There are several methods you can use to effectively explain the provisions and requirements of the plan.

What Your Employees Need to Know
How Do You Keep Your Employees Informed?

What Your Employees Need to Know
ERISA requires that you provide the employees who participate in your health plan with a detailed description within 120 days after the plan first becomes subject to ERISA. The description should include an explanation of the eligibility requirements, the benefits offered and the limitations of the plan.

Ensure that your employees understand the following.

- Plan coverage
- Enrollment or re-enrollment procedures
- Eligibility requirements
- Health care management requirements, procedures and non-compliance penalties
- Claim handling and filing procedures
- Identification cards
- Plan provisions
- PPO requirements (if applicable)

Ensure that your newly hired employees understand the following:

- The pre-existing condition provision in your plan and the impact of prior creditable coverage under HIPAA
- Their monetary contributions to the plan
- Their effective dates of coverage
- Any waiting periods (if, for example, an employee must work full time for three months before becoming eligible for coverage)

How Do You Keep Your Employees Informed?

You can inform your employees of your plan's provisions, requirements and procedures by offering them a description of your plan, conducting meetings and distributing internal communication. In addition to your communication efforts, encourage your employees and their covered dependents to use their Benesight accounts to review their benefits and answer their questions

- **Description of Plan**

All employers are required to provide each of their employees who participate in their plan with either a plan document or a summary plan description that fully explains eligibility requirements, benefits and limitations of the plan. When there is a change to the plan, you must provide your employees with an explanation of that change.

- **Meetings**
 You may elect to conduct meetings with your employees to educate them on the benefits of the plan, changes to the plan, procedures for filing claims or clarification on any related topic Meeting with your employees allows them an opportunity to voice any concerns and you an opportunity to respond.

- **Internal Communication**
 You may elect to distribute internal communication pieces to educate them on the benefits of the plan, changes to the plan, the procedures for filing claims and you may want to indicate on the communication who the employees contact if they have any further questions or need clarification

- **Electronic Disclosure**

 The Department of Labor (DOL) Interim regulations (required under HIPAA) permit the disclosure of Summary Plan Descriptions to participants and beneficiaries through electronic media. The information disclosed via electronic media must be consistent with the style, format and content requirements applicable to SPDs under ERISA and the Plan Sponsor must notify participants, through electronic or other means that the disclosure documents have been furnished electronically

 The following are the responsibilities of the Plan Sponsor regarding the disclosure requirements through electronic media

 1. The Plan Sponsor must take appropriate and necessary measures to ensure that the system for furnishing documents results in actual receipt by participants of transmitted information and documents (e g uses return-receipt electronic mail feature or conducts periodic reviews or surveys to confirm receipt of transmitted information).
 2 Electronic documents must conform to the style, format, and content requirements for non-electronic documents
 3 Each participant is provided notice, through electronic means or in writing, apprising the participant of the documents to be furnished electronically, the significance of the document and the participants right to request and receive, free of charge, a paper copy of each such document; and
 4. Upon request of any participant, the administrator furnishes, free of charge, a paper copy of any document delivered to the participant through electronic media
 5 Participants (employees and former employees) must have the ability at their worksites to receive documents in electronic form and to convert documents from electronic form to paper form free of charge

 By using electronic media, plans may only satisfy a portion of the ERISA disclosure requirements Plans cannot satisfy the ERISA disclosure requirements with respect to spouses and dependents through electronic media Plans using electronic media to provide plan information will still have to provide plan information to beneficiaries in a paper format.

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Enrollment and Eligibility

Accurate eligibility is an integral piece of the claims adjudication process. All eligible employees and dependents must be enrolled in RIMS (Resource Information Management System) in order for any type of claim to be processed on their behalf.

Your summary plan description (SPD) outlines all of your company's enrollment and eligibility requirements.

- **The Eligibility, Effective and Termination section of the SPD defines who is an eligible employee and dependent under your plan, when coverage takes effect and when coverage terminates.**
- **The COBRA Continuation Options explains when a person's coverage under the Plan ceases and the continuation options which are available.**
- **Your employees may also make enrollment changes if they have had a qualifying event.**

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Please review these sections as you enroll employees and dependents.

Online Benefits Administration

Enter the Online Benefits Enrollment and Administration facility to administer membership changes, monitor enrollment activity, and produce custom reports or electronic files for loading into the HRIS/Payroll systems. This information will automatically be updated in the RIMS system on at least a weekly basis.

Due to the confidentiality and security required to protect this information, you will be required to enter another User ID and password.

Traditional Enrollment

An employee must enroll for coverage by filling out and signing an enrollment form. The covered employee is required to enroll for dependent coverage if coverage for dependents is desired. If the covered employee already has dependent coverage, a newborn child will be automatically enrolled from birth; otherwise separate enrollment for a newborn child is required.

Who should complete an enrollment form?

- Employees who do not have access to online enrollment
- Employees wishing to enroll in the benefit program or to waive benefits
- Employees or dependents who have changes in eligibility and/or benefits (at Open Enrollment or due to a qualifying event
- Employers on behalf of employees or dependents who experience a termination event.

Note: Changes received by Benesight after the 10th of each month will appear on the following month's statement.

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Claims

Claims Processing Information
Claim Forms
Explanation of Benefits
Pending Claim Information
Flex Benefits

Claims Processing Information

- Group number and the employee's social security number identify all claims. Claims submitted should always include this information or they may need to be returned to the sender for identification, which would delay claims processing.
- Claims should be sent to the address(es) listed on the member's ID card. If your plan includes a PPO network, some claims may need to be sent to the PPO for repricing before they are sent to Benesight for processing. Filing claims according to the instructions on the ID card will avoid processing delays.
- Benesight performs daily random audits of claims processed, and audits of all claims in excess of a certain dollar amount.

Audits are performed before the payment is issued; audit errors can be corrected before you fund the claim.

- A check and Explanation of Benefits (EOB) is generated for every claim that is processed for payment. The employee and the provider receive a copy of the EOB unless you instruct us otherwise. Payment is issued to the provider unless the bills clearly show no balance is due.
- Payment will be issued to the provider of service if the plan includes a Preferred Provider Organization (PPO). If the payment has not been assigned directly to the physician and the bill(s) clearly show the bill has been paid, the payment will be issued to the employee.
- Benesight uses an output distribution vendor to produce and mail checks, EOBs and pending letters.
- Benesight notifies you of the amount of paid claims after the checks have been generated so that you can fund the claim payment account. Additionally, you receive a monthly report showing the claims paid for each participant.

In most cases, the provider will submit the claim to Benesight on behalf of the patient. If this has not happened, submit the necessary information to Benesight.

Pending Claim Information
Benesight processes claims according to the requirements outlined in your Summary Plan Description (SPD). To determine whether or not a claim meets those requirements, we sometimes need more information than what appears on the bill.

The claims processor sends a letter requesting the necessary additional information for a specific claim. This letter is usually sent to the patient for a response, although occasionally the doctor or provider will be asked for additional information. Two attempts will be made to obtain the requested information and if a response is not received, a third and final letter will be sent indicating no further action will be taken until the requested information is received by Benesight.

The most common reasons for requesting more information are:

1. To determine if the patient has other health coverage. If a patient is covered under two health plans, Benesight must determine which plan is the primary payer. This information is usually requested only once or twice a year.
2. To obtain accident information. Some plans provide higher benefits for accident claims, and some injuries (such as worker's compensation claims) may not be covered under the health plan. To determine the benefits available, we need to know when, where and how the accident occurred.
3. To determine student status. Most plans cover unmarried, full-time college students. Benesight must have documentation showing that a child is a full-time student during each college quarter or semester for which a claim is incurred.

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Flexible Benefits

Flexible Spending Account Benefit Plans help provide your employees a way to pay for certain benefits with tax-free dollars. This will also reduce federal, state and Social Security taxes for your organization. Flexible Spending accounts can also help minimize other proposed benefit plan changes which shift more costs to the plan participants.

Benesight offers Flexible Spending Accounts for Medical/Dental expenses and Dependent Care. The plan year is determined by you, the Employer.

Enrollment

Employees must enroll annually to participant in the Healthcare Reimbursement account or for the Dependent Care account. Participants covered by your Employer sponsored benefit plan will automatically be enrolled in the Premium Only account unless they

specifically elect to not participate. View and Print Flex Enrollment Form

Change of Elections

Employees must make their election within 30 days of their eligible effective date. Their election will be in effect for the entire year. They will only be able to make an election change for certain qualifying events.
View and Print Change of Elections Form

Flex Claim Filing Instructions

Claim forms are required for Flexible Spending Account claims. The completed claim form should be submitted to Benesight. Claims incurred during the Flex Plan year must be submitted to Benesight within 90 days of the plan year-end.

Dependent Care claims should include

1. Name and date of birth of the Dependent
2. Nature of services (Date range of Child Care services) and the cost of such services
3. Relationship (if any) of the person performing child care services
4. If child care services provided by a child of the participant, the age of that child must be provided
5. Statement as to where child care services provided
6. If services performed in a day care center, a statement that a) day care center complies with all applicable laws and regulations; b) the day care center provides care for more than six (6) individuals (non-residents); and c) the amount of compensation paid to the center.

Medical/Dental claims should include

1. Name of patient
2. Relationship of patient to participant
3. Nature of medical/dental services
4. Date of service for medical/dental services
5. Amount of charges not reimbursed by medical/dental benefit plan

Qualifying Events

1. Change in Marital Status by marriage, divorce, death of a spouse, legal separation or annulment.
2. Change in number of dependents by birth, adoption, placement for adoption, or death of a dependent.
3. Change in Employment Status by termination, reduction of hours, or commencement of employment by spouse or dependent
4. Change in dependent status by attainment of student status or attainment of age ineligible for coverage.
5. Change in residency or worksite for employee, spouse or dependent.

Flex Reporting

Benesight processes Flexible Spending Account claims weekly. Benesight will provide you with periodic (monthly or annual) reports.

Annual elections, contributions to date, amount available for reimbursement, and expenses reimbursed are some of the items indicated on the reports.

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Legislation and Compliance

The following summaries address federal mandates and their applicability to plan sponsors of self-funded benefit plans This information is only introductory and a summary and should not be relied upon as legal advice. You should contact your legal counsel rather than relying on this information.

Overview of Health and Welfare Plan Regulations
In 1945, passage of the McCarron-Ferguson Act by the federal government delegated regulations of the insurance industry to the states There are certain exceptions, but generally, regulation of the insurance industry remains with the states today.

However, the McCarron-Ferguson Act did not delegate regulation of self-funded plans to the states Regulation of self-funded plans rests almost exclusively with the federal government.

ERISA and Self-Funded Plans
ERISA was enacted by Congress in 1974 to protect interstate commerce and the interests of employee benefit plan participants and beneficiaries of financial and other information, by establishing standards of conduct, responsibility, establishing standards for fiduciaries of employee plans, and by providing for appropriate remedies, sanctions and ready access to the federal courts.

ERISA requirements apply to all health and welfare benefit plans, except government and church plans, regardless of funding mechanism

Americans with Disabilities Act (ADA)
Age Discrimination in Employment Act (ADEA)
Balanced Budget Act
Continuation of Coverage (COBRA)
Employee Retirement Income and Security Act (ERISA)
Family and Medical Leave Act of 1993
Health Care Fraud and Abuse Data Collection Program
Health Insurance Portability And Accountability Act Of 1996 (HIPAA)
HIPDB
Medicare
Mental Health Parity Act
Newborns' and Mothers' Health Protection Act of 1996
Non-Discrimination Rules
Omnibus Budget Reconciliation Act of 1993
Pregnancy Discrimination Act
State Legislation:
- Massachusetts Uncompensated Care Pool Surcharge
- New York Health Care Reform Act of 1996/Health Care Reform Act of 2000

Section 125
Uniform Services Employment and Re-employment Rights Act of 1994
Women's Health and Cancer Rights Act (WHCRA)
Additional Resources

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Plan Description

Summary plan descriptions contain benefit information for each type of coverage (e g. medical, dental) if you are eligible These descriptions include both a brief review of reimbursement for common services and detailed information on your rights and benefits under the plan. Please note that changes may occur in any or all parts of the plan, so if you have specific questions, be sure to refer to this site for the most recent description.

Simply select the coverage type for which you want information. These documents are stored in PDF format, so you'll need Adobe Acrobat Reader to view them. You can easily print documents using the print icon located at the top of the Adobe Reader toolbar If you have any questions, visit our Adobe Acrobat page.

Description	Plan #
MEDICAL AND DENTAL SUMMARY PLAN DESCRIPTION	3739
SHORT-TERM DISABILITY SUMMARY PLAN DESCRIPTION	3739
MEDICAL AND DENTAL SUMMARY PLAN DESCRIPTION	3739B
MEDICAL AND DENTAL SUMMARY PLAN DESCRIPTION	3739M
MEDICAL AND DENTAL SUMMARY PLAN DESCRIPTION	3739U
SHORT-TERM DISABLILTY SUMMARY PLAN DESCRIPTION	3739B
SHORT-TERM DISABLILTY SUMMARY PLAN DESCRIPTION	3739M
SHORT-TERM DISABLILTY SUMMARY PLAN DESCRIPTION	3739U
FLEXIBLE SPENDING ACCOUNT SUMMARY PLAN DESCRIPTION	3739B
FLEXIBLE SPENDING ACCOUNT SUMMARY PLAN DESCRIPTION	3739
FLEXIBLE SPENDING ACCOUNT SUMMARY PLAN DESCRIPTION	3739M
FLEXIBLE SPENDING ACCOUNT SUMMARY PLAN DESCRIPTION	3739U
401K SAVINGS PLAN SUMMARY PLAN DESCRIPTION	3739
401K SAVINGS PLAN SUMMARY PLAN DESCRIPTION	3739B
401K SAVINGS PLAN SUMMARY PLAN DESCRIPTION	3739M
401K SAVINGS PLAN SUMMARY PLAN DESCRIPTION	3739U

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Plan Contacts

The following contacts will be happy to assist you with any questions about your specific benefit plans

Dental - 3739	P.O. Box 61294 Phoenix, AZ 85082
Employee Assistance Program - 3739	1-800-854-1446
Flex - 3739	P.O. Box 2900 Phoenix, AZ 85082-2900
General Client Claims Correspondence - 3739	P O. Box 2900 Phoenix, AZ 85082-2900
Medical - 3739	P.O. Box 375 Pueblo, CO 81002
Preferred Provider Organization - 3739	1-800-842-7389
Pharmacy - 3739	1-800-711-3785
Short Term Disability - 3739	P.O. Box 2900 Phoenix, AZ 85062-2900
Utilization Review - 3739	1-800-842-7389
Dental - 3739B	P.O. Box 61294 Phoenix, AZ 85082
Employee Assistance Program - 3739B	1-800-854-1446
Flex - 3739B	P.O. Box 2900 Phoenix, AZ 85082-2900
General Client Claims Correspondence - 3739B	P.O. Box 2900 Phoenix, AZ 85082-2900
Medical - 3739B	P.O. Box 375 Pueblo, CO 81002
Preferred Provider Organization - 3739B	1-800-842-7389
Pharmacy - 3739B	1-800-711-3785
Short Term Disability - 3739B	P.O. Box 2900 Phoenix, AZ 85062-2900
Utilization Review - 3739B	1-800-842-7389
Dental - 3739M	P.O. Box 61294 Phoenix, AZ 85082
Employee Assistance Program - 3739M	1-800-854-1446
Flex - 3739M	P.O. Box 2900 Phoenix, AZ 85082-2900

General Client Claims Correspondence - 3739M	P.O. Box 2900 Phoenix, AZ 85082-2900
Medical - 3739M	P.O. Box 375 Pueblo, CO 81002
Pharmacy - 3739M	1-800-711-3785
Short Term Disability - 3739M	P.O. Box 2900 Phoenix, AZ 85062-2900
Utilization Review - 3739M	1-800-842-7389
Dental - 3739U	P.O. Box 61294 Phoenix, AZ 85082
Employee Assistance Program - 3739U	1-800-854-1446
Flex - 3739U	P.O. Box 2900 Phoenix, AZ 85082-2900
General Client Claims Correspondence - 3739U	P.O Box 2900 Phoenix, AZ 85082-2900
Medical - 3739U	P.O. Box 375 Pueblo, CO 81002
Preferred Provider Organization - 3739U	1-800-842-7389
Pharmacy - 3739U	1-800-711-3785
Short Term Disability - 3739U	P O. Box 2900 Phoenix, AZ 85062-2900
Utilization Review - 3739U	1-800-842-7389

Find a Provider

Not all networks offer online provider searches. The following provider networks are currently available to you online For each of the following provider networks, you can access information on participating physicians, hospitals and other healthcare providers Because the following links are to sites not maintained by Benesight, you should contact the provider network directly with specific questions

GUARDIAN *DentalGuard Preferred Select Network*

Guardian offers members access to a national network of dentists, orthodontists and dental practitioners. Search the dental directory for a nearby dentist or you can check if a particular dentist is a network participant.

UNITEDhealthcare

The United Healthcare National PPO network features a vast national network of physicians and other health care providers from which you can receive healthcare services. You can search this network by type of provider and their geographic location

Beech Street Corporation

Beech Street has affiliations with more than 320,000 physicians, 3,000 hospitals and 60,000 specialty providers nationwide. Through these affiliations, approximately 16 million people receive network and healthcare services. Search for a provider that meets your needs

The materials provided on this site are intended as general information only Benesight does not provide health services or practice medicine, but assists medical plan providers and employers, in the administration of plans and claims. Before receiving any services from providers listed in any site, you should verify that the provider is still participating in the network. You may verify participation by calling the customer service number available in your enrollment materials or on your ID card.

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Financial

Authorized users have access to standard Benesight financial reports at any time. Reports may be downloaded in spreadsheet or text file formats Monthly reports are generated by the 5th of the month for the previous month's activity.

Select a report title to view.

Check Register
The register shows the number and amount paid for claim checks, manual checks, adjustments, no-pay checks, refunds and voided checks, with a grand total for the month. Updated monthly.

Paid Claims Analysis
Paid claims by line of coverage and associated account structure. Data can be run by claimant, family or recap totals; your online report will rely on the same sorting criteria as your paper report. Updated monthly

Need Help Downloading Reports?
Need Help Reading and Interpreting Reports?

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Financial Reports

Select a report title to view.

TXT Format
Run Date : 01 Oct 2000

TXT Format
Run Date : 02 Nov 2000

TXT Format
Run Date : 01 Dec 2000

Return to Report Selection

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Stop Loss

Authorized users have access to standard Benesight stop loss reports at any time. Reports may be downloaded in spreadsheet or text file formats. Monthly reports are generated by the 5th of the month for the previous month's activity

Select a report title to view.

Reinsurance Census
Provides month-by-month census, aggregate attachment point(s), aggregate claims and total paid claims on a plan year-to-date basis. Updated monthly.

Specific Analysis
Lists claimants who are over 50% of their individual or family specific stop loss attachment point Shows total paid amount year-to-date and amount over the specific stop loss level. Updated monthly.

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Benefit Trend

Authorized users have access to standard Benesight benefit trend reports at any time Reports may be downloaded in spreadsheet or text file formats. Reports are updated and available by the 5th day of the month following the close of the reporting period

Select a report title to view.

Contract Discount Analysis
Compares PPO, non-PPO and out-of-area claim information, and shows PPO savings amounts. Updated quarterly

Coverage Analysis
Compares claim payment information of coverage codes from prior plan year to current plan year. Useful in identifying utilization and cost patterns from one year to the next year. Updated semi-annually.

Claim Lag Study
Summarizes claims incurred and paid by month. The report is a matrix with 24 claim incurred months down the side and 12 claim paid months across the top. Assists in determining average claim lag (either dollars or percentage) for accrual of incurred but not reported (IBNR) claim amounts. Updated annually.

Diagnosis Code Analysis
Detailed breakdown of census information, gender and age, by diagnostic code. Helpful in identifying trends in cost based on population, implementing disease management or nurseline programs. Updated annually.

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Need Help Reading and Interpreting Reports?

Other

Authorized users have access to other standard Benesight reports associated with their benefit plans at any time Reports may be downloaded in spreadsheet or text file formats. Reports are updated and available by the 5th day of the month following the close of the reporting period

Select a report title to view.

Disability History
Lists all disability payments issued by enrollee, check number, paid date and taxes withheld Updated monthly

Disability Tax
Summarizes disability claim payments by enrollee and tax amounts withheld. Updated annually

Flex Plan Enrollee Account Summary
Summarizes enrollee contributions, expenses and payment information for the flex year. Shows contributions available and expenses remaining for each enrollee. Updated monthly.

Flex Plan Enrollee Activity Statement
Individual enrollee statements show flex spending account transactions, including contributions, expenses and payments, plus unused contributions to date. Updated quarterly.

Number of Employees by Plan
Summary of employees enrolled in each healthcare plan Updated monthly

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Need Help Reading and Interpreting Reports?

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- Contact Information/Customer Service
- How to Contact PPO Network Affiliations

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Banged-Up Jayhawks Play Host to Golden Hurricane

[full story]

Lady Techsters Lose Guard for Season

[full story]

Troy Aikman, Quarterback for the Dallas Cowboys

[full story]

WebMD Weekly Injury Reports

[full story]

Troy Aikman, Quarterback for the Dallas Cowboys

[full story]

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Message from Benesight
Welcome to Benesight
[full message]

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Information at Your Fingertips

WebMD

Don't miss the next live chat event!

WebMD Live Events

Health-E-Tools

Health Risk Appraisal
Nutrition Quiz Target
Heart Rate Calculator

Join a Community

Allergies Open Discussion

Brain Cancer Treatment Options and Experiences

Emotional Wellness Love and Intimacy
More

More...

For Female Athletes, Too Much Exercise and Improper Nutrition Can Be Dangerous
Exercise seems to be a magic bullet in the healthcare field, with doctors and researchers promoting it for everything from keeping your weight in check and treating depression, to preventing heart disease and osteoporosis.
[full story]

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How to Read an Explanation of Benefits

After submitting claims for medical and/or dental expenses, Benesight will send an Explanation of Benefits (EOB) that illustrates how the claim was processed. The attached sample EOB illustrates how Benesight identifies eligible expenses.

Click on a number for a description of the function indicated.

Benesight

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Provider Copy

P.O. Box 3098
NAPERVILLE, IL 60566-7098
(800) 874-5693

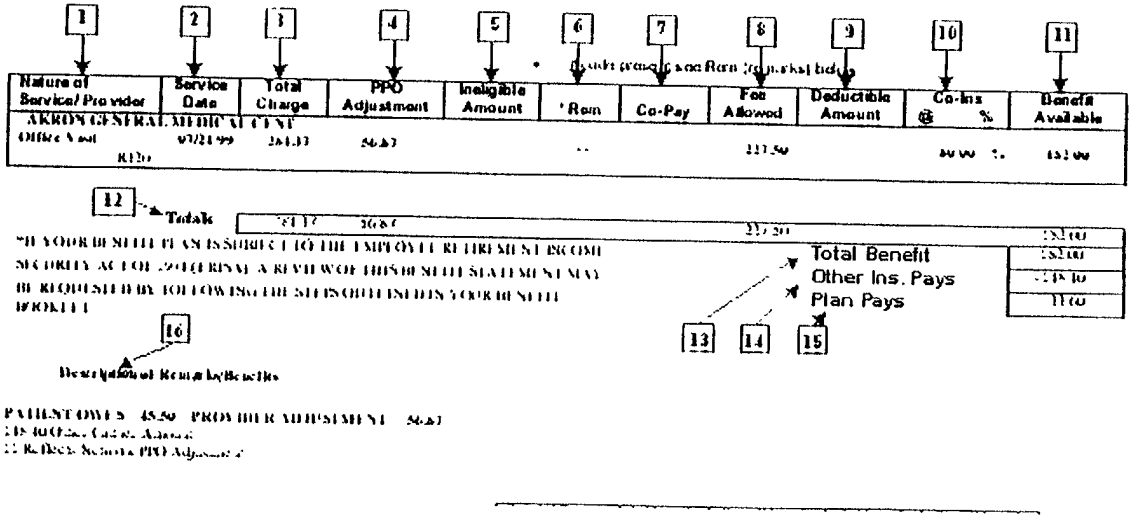
EXPLANATION OF BENEFITS

Plan: ABC COMPANY

DATE:	08/30/99
PARTICIPANT	John Doe
SSN:	000-00-0000
PATIENT NO:	6012748080
GROUP:	123456
DESCRIPTION:	ACTIVE
CLAIM NO.:	90000140-01
CHECK NO:	0000050187
EXAMINER:	SP Sue Processor

AKRON GENERAL MEDICAL CEN

PO BOX 931730
CLEVELAND OH 44193-1837



PATIENT OWES 45.50 PROVIDER ADJUSTMENT 56.83

The following fields appear on an EOB with their respective descriptions. Please note each field on this sample has been numbered so you can easily locate it on the form.

1. Nature of Service/Provider
The name of the healthcare provider and the type of service(s) provided. Also indicated is the medical procedure code used by your provider
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2. Service Date
The date healthcare services were received.
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3. Total Charge
The amount charged by the provider.
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4. PPO Adjustment
Savings realized by using network provider services.
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5. Ineligible Amount
Expenses not covered under the plan.
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6. *Rem
This identifies (under Description of Remarks/Benefits) the reason an expense is ineligible under the plan.
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7. Co-Pay
The amount the patient pays when the benefit requires a co-payment

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8. Fee Allowed
The amount of the bill to which plan benefits are applied for payment.
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9. Deductible Amount
The amount applied toward the patient's annual deductible
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10. Co-Ins
The percentage amount of the fee allowed, minus the deductible.
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11. Benefits Available
The amount payable by the plan to the patient, a provider(s) and/or a facility.
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12. Total
The total amount from the columns listed above
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13. Total Benefits
The total benefit amount payable listed under the Benefit Available column
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14. Other Ins. Pay
The amount of reduction to the Benefit Available, due to other insurance.
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15. Plan Pays
The amount being paid.
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16. Description of Remarks/Benefits
Provides the explanation corresponding to *Rem field listed above.
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17. Satisfied To Date
The top section shows the amount of the deductible and out-of-pocket payments satisfied to date:

- In-Network Deductibles
- Out-of-Network Deductibles
- In-Network Out-of-Pocket
- Out-of-Network Out-of-Pocket

The bottom section shows the maximum deductibles and the In- and Out-of-Pocket limits for your plan/calendar year Only the boxes that apply to this specific claim will be filled.
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18. Payable To The check number and date, the amount, and the name and address of the person or facility to whom payment was made
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Help Patients Pre-Certify Medical Procedures

Through Benesight, healthcare providers can now help patients pre-certify medical procedures Simply refer to the patient's Benesight identification card. On the back of the card you will find the toll-free pre-certification number for that patient If you are unfamiliar with the Benesight ID card, help is available on How To Read Benesight Insurance Cards.

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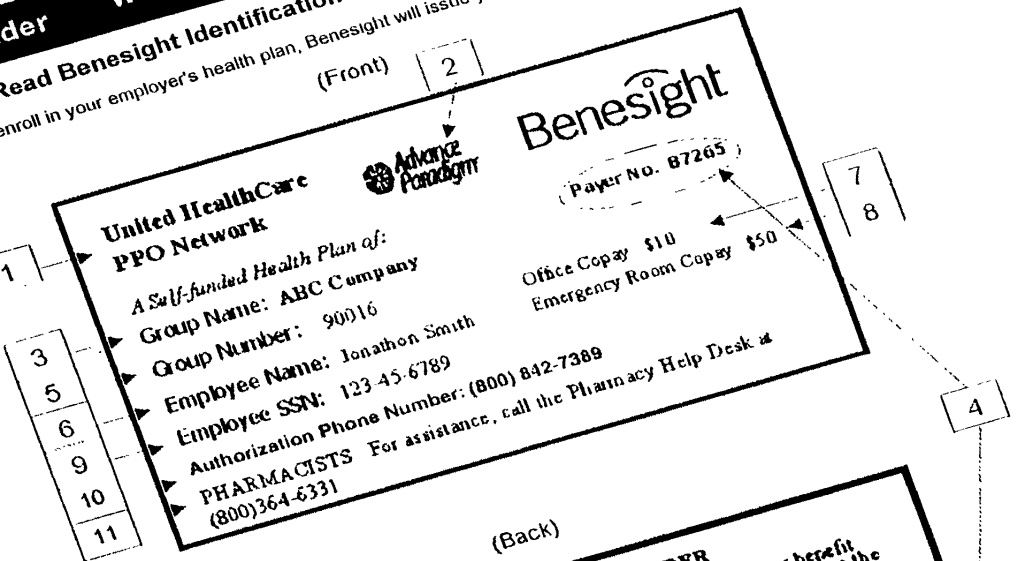
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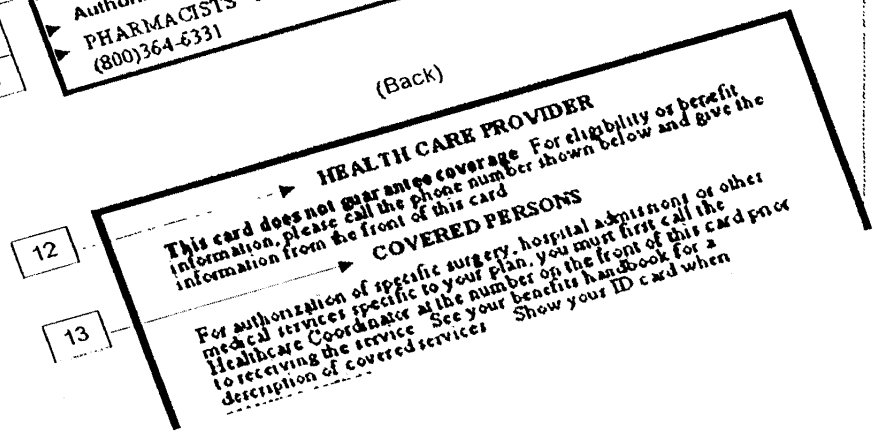
How to Read Benesight Identification Cards

After you enroll in your employer's health plan, Benesight will issue you an ID card. This sample below describes the card field-by-field

(Front)



(Back)



Following is a list of fields that appear on the ID Card with their respective descriptions:

Field	Description
1. PPO Network	The name of your Preferred Provider organization.
2. PBM	The name of your pharmaceutical vendor.
3. Group Name	Your employer's name
4. Payer No. 87265	Benesight encourages all providers to submit their claims electronically
5. Group Number	Number established to identify your employer on our claims processing system
6. Employee Name	Covered employee's name
7. Office Co-Pay	The amount the covered individual is responsible for when accessing his/her service provider.

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8. Emergency Co-Pay	Amount the covered individual is responsible for when accessing an emergency room for non-life threatening conditions
9. Employee SSN	The covered employee's Social Security number.
10. Authorization Telephone Number	The phone number to call for authorization of services specific to your plan
11. Pharmacists	The phone number to call for questions about your pharmaceutical prescriptions
12. Health Care Provider	Note to your provider regarding your coverage
13. Covered Persons	Brief instructions on when to call the authorization telephone number and to refer to your benefit handbook for a complete description of your plan
14. Claims Administrator	The name, address and telephone number where your claims are processed

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Submit Claims Electronically

Healtheon | WebMD

Through its partnership with Healtheon | WebMD, Benesight is pleased to announce an exciting new opportunity for providers to submit professional (HCFA 1500) claims electronically.

Previously, Benesight accepted electronic claims using the United Health Group Payor ID: 87726. Now, Benesight has established its own unique Payor ID on the Healtheon | WebMD network. It is **87265**

The benefits associated with electronic claims submission are mutual. It saves you administrative time and costs and reduces turn-around time for Benesight. In addition, you will receive:

- Better distinction of Benesight claims from United Health Group claims
- Electronic reporting in the form of the Healtheon | WebMD Claim Submission Report (CSR), Claim Receipt Report, and Consolidated Payor Report (CPR)
- A higher level of service to our members and providers

If you currently submit your claims through Healtheon | WebMD today, you may be able to begin submitting your claims directly to Benesight using our new Payor ID. **87265**.

If you use PLDOS to submit your claims, you may contact Healtheon | WebMD support toll free at **877-GO-WebMD**, to obtain a new Payor list. Our electronic claims support staff will guide you through the set-up process.

Access a Quick Reference Guide to filing electronic claims from physicians for NSF versions 1.04, 2.0, and 3.01 and ANSI X12 837 version 3040.

NOTE: Not all clearinghouses and practice management system vendors have completed programming to accept claims under our new Payor ID. Please request from your vendor or clearinghouse that they complete programming to submit Benesight HCFA 1500 claims through Healtheon | WebMD using our new Payor ID: **87265**.

Remember, The Benesight Payor ID as of January 2000 is 87265. All electronic claims should be submitted to this Payor ID when your clearinghouse or vendor has completed programming to accept it.

Healtheon | WebMD can accept the new Benesight Payor ID today for HCFA 1500 claims.

Do you still have questions? If so, we have asked and answered the most Frequently Asked Questions surrounding our new electronic claims filing system. If you prefer, contact Healtheon | WebMD electronic claims support toll free at **877-GO-WebMD**.

Current Vendors Accepting Online Claims Submission
Following is an up-to-date list of clearinghouses and vendors that can accept Benesight claims through Payor ID **87265**:

- Electronic Translation & Transmittals Corp ET&T
- Claim Lynx
- Quality Rep Services
- EDI USA

Coming Soon
Soon, providers will have the capability to electronically submit UB92 facility claims to Benesight using Payor ID **87265**. Look for this new feature in the fourth quarter of 2000.

Also in fourth quarter of 2000, Benesight providers will be able to verify patient eligibility online using WebMD Practice. In addition, providers will have access to a number of Practice Management Systems.

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Claims & Customer Service Contacts:

Claims Office Identified on ID Card	Pueblo Mail Center Box Number for Medical, Vision and Dental Claims
Arizona	PO Box 375 Pueblo, CO 81002
Colorado	PO Box 385 Pueblo, CO 81002
Connecticut	PO Box 370 Pueblo, CO 81002
Florida	PO Box 360 Pueblo, CO 81002
Georgia	PO Box 340 Pueblo, CO 81002
Illinois - Rockford	PO Box 310 Pueblo, CO 81002
Illinois - Naperville	PO Box 395 Pueblo, CO 81002
Minnesota	PO Box 320 Pueblo, CO 81003
Pennsylvania	PO Box 350 Pueblo, CO 81002
Tennessee	PO Box 330 Pueblo, CO 81002
Texas	PO Box 380 Pueblo, CO 81002
Washington	PO Box 300 Pueblo, CO 81002

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Contact PPO Network

Not all networks offer online provider searches. The following provider networks are currently available to you online For each of the following provider networks, you can access information on participating physicians, hospitals and other healthcare providers Because the following links are to sites not maintained by Benesight, you should contact the provider network directly with specific questions

UNITEDhealthcare

The United Healthcare National PPO network features a vast national network of physicians and other health care providers from which you can receive healthcare services. You can search this network by type of provider and their geographic location

CCN

CCN National PPO Network features convenient access to more than 340,000 provider locations nationwide

AdvancePCS

As a provider of pharmacy benefit management (PBM) services, AdvancePCS provides easy access to retail pharmacies, mail service prescriptions and information on cost-effective alternatives Find a pharmacy near you.

PHCS PRIVATE HEALTHCARE SYSTEMS

Private Healthcare Systems' PPO network is one of the nation's largest, with more than 300,000 providers and 2,800 hospitals nationwide Find a provider near you.

PreferredOne

PreferredOne has provided healthcare services to members, employers, insurance companies and third party administrators throughout the Upper Midwest since 1984. Search for a provider near you

Beech Street Corporation

Beech Street has affiliations with more than 320,000 physicians, 3,000 hospitals and 60,000 specialty providers nationwide Through these affiliations, approximately 16 million people receive network and healthcare services Search for a provider that meets your needs

First Health

The AFFORDABLE Medical Network

The First Health® Network is the largest directly contracted preferred provider organization (PPO) The network is made up of nearly 3,700 hospitals, 267,000 physicians and 71,000 allied health professionals, located in 50 states, the District of Columbia and Puerto Rico Benesight gives you access to this expansive provider network.

ProAmerica
MANAGED CARE

ProAmerica's network covers 49 states and offers access to thousands of providers, primarily in rural and secondary markets. Locate a provider or facility near you based on the criteria you choose, or lookup a provider by name.

GUARDIAN *DentalGuard Preferred Select Network*

Guardian offers members access to a national network of dentists, orthodontists and dental practitioners. Search the dental directory for a nearby dentist or you can check if a particular dentist is a network participant

The materials provided on this site are intended as general information only. Benesight does not provide health services or practice medicine, but assists medical plan providers and employers, in the administration of plans and claims. Before receiving any services from providers listed in any site, you should verify that the provider is still participating in the network. You may verify participation by calling the customer service number available in your enrollment materials or on your ID card.

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consultant Welcome, STEVE Last login 18 Dec 2000 Logout

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Customers at a glance
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- FinishMaster, Inc.

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- 0 new messages in your inbox

Proposals
- Request for Information
- Request a Quote

Marketing and Products
- Sales Management
- Our Services
- Product Information
- Preferred Vendors
- National Technology & Service Center
- Technology

myheadlines

Robotic Physical Therapists Coming Soon
Forget the Bionic Man -- robotic rehabilitation no longer seeks to turn people into machines. The robots of the very near future will help humans rega function in their arms and legs.
[full story]

Desire to Die in Terminally Ill May Be Due to Depression
Terminally ill people who wish for a quick death may have treatable clinical depression or hopelessness, according to doctors at Memorial Sloan-Ke Cancer Center in New York
[full story]

FDA Approves Tamiflu for Treatment of Flu in Children
A flu drug recently approved as an emergency replacement for the flu shot has now also been approved for the treatment of children
[full story]

Estrogen Voted Onto List of Cancer-Causing Agents
Though hormone replacement therapy containing estrogen is great for protecting postmenopausal women against heart disease and osteoporosis, government scientific advisory panel voted eight to one Friday to add steroidal estrogen to the nation's list of "known" cancer-causing substances
[full story]

Cargill Recalls Poultry Products Linked to Deaths and Pregnancy Tragedies
Cargill Inc.'s chief executive officer on Friday urged customers to destroy recalled poultry products that have been linked to four deaths and three m or stillbirths.
[full story]

TOBACCO Watchdog

topstory

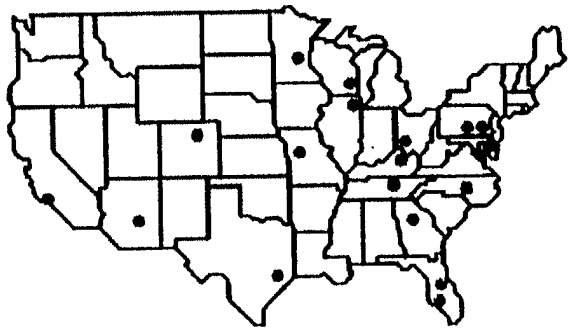
Regional Anesthesia Scores a Knockout
Woody Allen defined major surgery as "anything being done to me," and like the filmmaker and comedian, many people prefer to be out cold when t
[full story]

Request for Information

Benesight stands ready to assist as you prepare healthcare administration options for your clients We will provide the information that will enable you to communicate with confidence, the benefits administration services available through Benesight.

Simply locate the Benesight sales office nearest you on the map below and click on it to obtain key information, contacts, addresses and telephone numbers. Or you may contact us with your request, and we will ensure that the local sales office responds to you within 24 hours or the next business day."

If you still need help, contact the Administrative Service Center nearest you:



Select a region on the above map or from the regional listing at the left for key contacts, addresses and telephone numbers.
To contact **Benesight corporate headquarters personnel**, click here.

Request a Quote

Need a quote in a hurry? The sales team at Benesight would be pleased to provide a plan administration quote In most cases we can gather enough information over the telephone to provide a baseline fee for Benesight's plan administration services

Or if you'd prefer, simply identify the region within which you are located below. Feel free to directly contact the appropriate Vice President of Sales in that region. That person will assist in developing a customized quotation for you and your client.

Send us Your RFP
Also, we are happy to provide a proposal in response to an RFP you have already developed If you have an RFP and would like Benesight to respond with a tailored, customized proposal for your client, please locate the Regional Vice President of Sales closest to you and send the RFP as an email attachment.

Or, If you do not have an RFP and would like a price quotation from Benesight, please use the RFP Information Form to gather the information we require, and fax it to the Regional Vice President of Sales closest to you

Barbara Senior
Vice President, Sales
7878 North 16th Street Suite 140
Phoenix, AZ, 85020-4678
Phone: (602) 906-5061
Fax: (602) 906-5118
e-mail: bsenior@thetpa.com

Arizona

California

Colorado

Washington

Alex Arnet
Vice President, Sales
PO Box 1557 6160 Summit Dr, Ste 360
Brooklyn Center, MN, 55430-2194
Phone: (763) 569-3207
Fax: (763) 585-5930
e-mail: aarnet@thetpa com

Minnesota

Texas

Lynda Johnson-Lorenz
Vice President, Sales
1900 East Golf Road Suite 1105
Schaumburg, IL, 60173

Phone: (847) 619-5225
Fax: (847) 619-5239
e-mail: ljohnson-lorenz@thetpa.com

Illinois

Kansas

Randy Antonacci
Vice President, Sales
500 N West Shore Blvd Suite 805
Tampa, FL, 33609
Phone: (813) 281-2533
Fax: (813) 281-2738
e-mail: rantonacci@thetpa com

Florida

Tennessee

Georgia

North Carolina

Dave Przesiek
Vice President, Sales
One Thompson Square, Suite 208
Charlston, MA 02129
Phone: (617) 359-3422
e-mail: dprzesiek@thetpa com

Ohio

Connecticut

New York

Massachusetts

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Request for Proposal (RFP): Information Required

The information we will require for a quote includes:

Introduction

Why is your client considering a change in its carrier and/or administrator?

What are the three most important criteria upon which you and your client will select a new benefits administrator?

General Information on Your Client
Company Name:
Type of Business:
Address:
Current Coverage (Carrier and TPA - - Duration).

Historical Rate and Claim Data
Renewal Date:
Current and/or Renewal Rates:
Current and/or Administration Fees
Current Stop-Loss Premium Rates.

Census Data on Each Employee Including:
Date of Birth:
Employee Gender:
Type of Coverage (individual or family):
Zip Code of Employee:
Plan Chosen (if multiple plans, HMO, PPO, etc.):
Life Insurance Required? If So, Amount:

Claims Experience
Two Years of Claims Experience (Preferred):
Monthly Exposures and Experience Reports:

Plan Design
Current Plan of Benefits:
Current Provider Network:
Desired Plan of Benefits (If different):
Deductible Requested:
Contract Type (12/12 or 12/15):

Medical History
Large Claim Data/Medical History:
List Any Current Disabilities:
Any Expenses in excess of $20,000 or 50% of requested stop loss limit (the lower of the two):
Any Dependents Being Treated for an Ongoing Medical Condition:
Any Dependents Covered Under COBRA:
Covered Retirees

Additional Comments:

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Sales and Management

Through Benesight, we are even better positioned to attract and serve larger employer groups. Because Benesight is an online delivery system for very complex yet interrelated healthcare benefits information, we are deeply committed to the continued technical training of our sales and management professionals - - and to ensuring our online users have access to the training tools they require to efficiently access the site.

At Benesight, we are also committed to improvement. We will continuously evaluate and measure the performance of our sales team's ability to help you deliver a new breed of online healthcare administration services to your clients - - to meet your needs as they arise.

Organized to Serve Your Business
Benesight is focused on helping you grow your business. To better support our existing clients and the fast-paced businesses of our consultants, we have recently reorganized the delivery of our sales management services to respond quickly and with agility to our consultants and their employer clients.

Through sales support centers located in Phoenix, AZ and Orlando, FL, our team of sales executives work with consultants to develop creative solutions to their client's benefit administration needs.

The Benesight Sales Management Team
All sales staff report into two Senior Vice Presidents of Sales, Andrew Thompson, and Mark Davis. Together, Andrew and Mark oversee and support all of Benesight's work directed at retaining and growing existing client relationships, and attracting new employer clients to Benesight.

The Benesight sales team is comprised of experienced sales professionals - - nearly 50 people nationwide. We hire only the most experienced people with proven track records of providing exemplary service to clients. These individuals are located in regional sales offices throughout the country and work closely with our Account Services Team to provide unparalleled support to customers.

Five Regional Vice Presidents of Sales are available to work with you on the development of a quotation, pricing, or to create a proposal for your clients. Following is a list of Benesight's National and Regional Vice Presidents of Sales, by region:

Senior Vice Presidents of Sales:

Andrew Thompson
Senior Vice President, Sales, Eastern Region
2500 Maitland Center Pkwy Suite 100
Maitland, FL, 32751
Phone: (407) 667-1361
Fax: (407) 667-1379
e-mail: athompson@thetpa com

Mark Davis
Senior Vice President, Sales, Western Region
7878 North 16th Street Suite 140
Phoenix, AZ, 85020-4678
Phone: (602) 906-5109
Fax: (602) 906-5108
e-mail: mdavis@thetpa com

Regional Vice Presidents of Sales:

Barbara Senior
Regional Vice President, Sales
7878 North 16th Street Suite 140
Phoenix, AZ, 85020-4678
Phone: (602) 906-5061
Fax: (602) 906-5118
e-mail: bsenior@thetpa com

Arizona
California
Colorado
Washington

Alex Arnet
Regional Vice President, Sales
PO Box 1557 6160 Summit Dr, Ste 360
Brooklyn Center, MN, 55430-2194
Phone: (763) 569-3207
Fax: (763) 585-5930
e-mail: aarnet@thetpa com

Minnesota
Texas

Lynda Johnson-Lorenz
Regional Vice President, Sales
1900 East Golf Road Suite 1105
Schaumburg, IL, 60173
Phone: (847) 619-5225
Fax: (847) 619-5239
e-mail: ljohnson-lorenz@thetpa com

Illinois
Kansas

Randy Antonacci
Regional Vice President, Sales
500 N West Shore Blvd Suite 805
Tampa, FL, 33609
Phone: (813) 281-2533
Fax: (813) 281-2738
e-mail: rantonacci@thetpa.com

Florida
Tennessee
Georgia
North Carolina

Dave Przesiek
Regional Vice President, Sales
One Thompson Square, Suite 208
Charlston, MA 02129
Phone: (617) 359-3422
e-mail: dprzesiek@thelpa com

Ohio

Connecticut

New York

Massachusetts

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Our Services

Customized Health Care Plans + Unmatched Technology = On-demand access to accurate, timely, and secure information

Benesight is a first-of-its-kind Web-based healthcare administration system Everything from participant enrollment to employer reporting to claims auditing has been integrated into one easy- to-use, highly secure Web site Benesight enables users to achieve unlimited access to healthcare information - - day or night.

Our Administration Products and Services

Benesight is a full-service benefits administrator offering an extensive menu of integrated products and services In order to deliver these services online, Benesight relies on what experts have said is one of the healthcare industry's most technologically advanced facilities, its National Technology and Service Center. Located in Pueblo, Colorado, the Center has over 150,000 square feet of space to house Benesight's leading technologies for phone, data and voice communication throughout the facility Find out more about Benesight in our Company Profile

It is our broad menu of product offerings, combined with online access to information, supported by our National Technology and Service Center, that creates the revolutionary approach to health benefits management and administration we call Benesight

Our Online Services

Users have responded with overwhelming enthusiasm.

"Finally, a complete internet-based health care administration application that works for me "

Our online menu of services has been tailored specifically to meet the needs of our members, employers, providers and consultants, and includes:

Public Information Features

Healtheon | WebMD

Through Benesight's partnership with Healtheon|Web MD, all users have access to a robust, searchable database of medical information

Online Pharmacy

- Allows online members and employers access to a full-service online pharmacy to order prescription drugs

Provider Search

- Allows users to search for healthcare providers in PPO networks nationwide

Online-Customer Service Center

- Provides around-the-clock customer service for members and employers Simply call us, or send an email message anytime

Glossary

- Defines frequently used terms related to healthcare benefits administration

FAQ's

- Answers the most frequently asked benefits administration questions

News and Messages

- Displays updates and company news, along with messages from Benesight for employers and consultants, and the ability for employers to customize messages for delivery to members

My Plan

Plan-at-a-Glance - Offers employers and members access to their specific, personalized healthcare plan information

My Files

Helpful Hints - Offers providers access to helpful information including how to submit claims electronically, and helping patients pre-certify medical procedures

At-A-Glance

- These features allow consultants to view information on their clients, and to request product and service information from Benesight

My Benefits

Enables employers and members to access plan-specific benefit information including:

Online Enrollment

- Simplifies the work for human resources professionals and members

Online Plan Access

- Provides members, employers and consultants access to plan documents, and benefits summary information

EOB Tutorial

- Helps members and employers clearly interpret Explanation of Benefits statements

Plan Contacts

- Allows member access to plan-specific contacts

My Claims

Claim Status - Offers employers and members real-time access to claim status, day or night, and check deductible status

Claim History

- Enables members to track the history of all claims processed online

Claim Reports

- Provides member access to various healthcare claim summaries

My Records

Life Event Changes - Allows members to update their personal information and notify HR of changes impacting benefit elections

User Authorization

- Helps members identify which family members have access to what information

My Administration

Reporting - Provides employer access to customized reports including financial, stop-loss and benefit trends

Eligibility Verification

- Reduces the workload of human resources professionals by managing member eligibility records

Reporting and Analytics

- Saves time by providing accurate, real-time reports for employers to track and monitor health benefit plans

Bill Delivery and Payment

- Allows employers to receive monthly Benesight invoices online

Administrative Policies Manual

- Allows employers to access, by keyword search, an electronic version of all Benesight policies and procedures

My Health

Purchase of Supplementary Products - Allows online members to purchase additional medical products and services including health and beauty products

Help Features

Forms Library - Makes it easy for members and employers to access the forms they need electronically, saving telephone and mail time
Legislative Compliance - provides up-to-date information on benefit regulations and compliance issues for employers and consultants

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- Online access to Benesight personnel, day or night

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Our Products

A hallmark of Benesight's product offerings is CHOICE. We provide consultants with many product options for clients, and then seamlessly integrate the product choices into our online healthcare administration system

Administration
Benesight provides comprehensive health plan administration for both managed care and indemnity programs

Managed Care
Benesight offers employers a wide array of managed care options All managed care products are integrated with our online healthcare administration system

Insurance
Benesight offers employers and their employees a wide range of insurance products underwritten by the highest-rated insurance companies in the United States. Benesight will provide whatever insurance coverages a customer may require in addition to the insurance programs identified in this section. All insurance products selected by an employer are integrated into our online healthcare administration system

Plan Implementation
Certain services are delivered to an employer and their employees prior to the commencement date of the health plan Unfortunately, the value of these services is sometimes minimized. The timely and accurate delivery of these services, however, is essential to a smooth installation and, ultimately, to your customer's level of satisfaction

Provider Networks
Benesight is the only healthcare administrator in the United States that offers the five preeminent national provider networks to employers and their employees — the United HealthCare PPO Network, First Health - The AFFORDABLE Medical Network, PHCS, CCN and Beech Street In addition, Benesight offers employers access to nearly 150 local, regional and national provider networks

To assist the employer in selecting a provider network, we provide an analysis comparing the location of their employees to the location of physicians and hospitals participating in the provider network. After the employer chooses one or more provider networks, Benesight integrates the provider and facility names, addresses and fee schedules into our online healthcare administration system

Online provider directories are available for selected provider networks Employees and other plan participants can easily search these directories to locate physicians, hospitals and other healthcare providers in their area.

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Preferred Vendors

As a result of its size, years of experience, and business acumen, Benesight is able to partner with the upper echelon of leaders in the healthcare industry. These partnerships extend beyond mere alliances, into seamless, integrated service solutions for all Benesight users Our online solutions reflect the complete integration of our business processes and the technologies that support them, leading to a revolutionary new era of online healthcare benefits administration services

Preferred Provider Organizations:
With over 150 PPO Network Partners, Benesight clients have access to networks including:

- United HealthCare
- First Health
- PHCS
- Beech Street
- CCN
- UP & UP
- Guardian (dental)

Managed Pharmacy:
Benesight has partnered with Merck-Medco LLC and Advance Paradigm, two of the most reputable Pharmacy Benefit Managers in the nation Both Merck-Medco and Advance ParadigM provide cost-effective high quality integrated PBM services, clinical programs, mail service and sophisticated claims adjudication systems. Merck-Medco's current client base covers more than 52 million lives and APIs covers more than 15 million lives.

Utilization Management
We recommend our vendors based on the most appropriate and cost-effective solutions for our customers which include

- United HealthCare Utilization Management
- Intracorp Utilization Management

Other Managed Care Providers:
In addition, Benesight has teamed with a number of other managed care providers including

- URN (United Resource Network) for transplant management
- OPTUM for demand management and EAP services

Insurance
Benesight also works closely with a number of stop-loss carriers including

- United Health and Life
- Hartford
- SAFECO
- Lincoln Re:
- Others including MGU's

Healtheon/WebMD:
Benesight users have access to online enrollment through BenefitCentral, to WebMD, a credible source of soft medical content, and to EDI electronic claims transmission services.

On the operations side of the business, Benesight has partnered with leading-edge companies including EDSS (Electronic Data Submission Systems), RIMS (Resource Information Management Systems), OT (Output Technologies), and Ingenix (Corporate Health Strategies).

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Benesight: A New Look at Managing your Healthcare Benefits

Benesight delivers customized, flexible web-based solutions for healthcare benefit management and administration By delivering tools and services over the Internet to employers, members, consultants and healthcare providers, we are able to provide real-time, personalized information, on your desktop - - day or night.

Benesight offers end-to-end health care administration through the Internet with a single point of accountability: Benesight. Our goal is to liberate the delivery of healthcare benefit administration services by freeing human resource professionals from administrative burden, and eliminating red tape and bureaucracy for employees. But what really makes our web-based delivery of services unique in the marketplace?

Access: 24-hour on-demand access to personalized healthcare information

Simplicity: Easy to navigate, use and search the site

Speed: Technologically advanced infrastructure for fast access

Support: Technical support available online including written instructions, and secured messaging features

Real-Time: Healthcare transactions are tracked and monitored as they progress

Personalized: The site is tailored to each unique user

Efficient: No paper; no call center bottleneck, no mail time, no postage

Secure: Access to private healthcare information in a private, completely secure environment

Control: Overall access and control of healthcare information finally given back to the consumer

It's our goal for every Benesight user to.

Be Better Informed. Make Better Decisions Experience Better Outcomes

"As The TPA, we provided customized health plans. As Benesight, we have revolutionized what 'customized' means, and taken it to the next level - - that of personalized, relevant information to better manage your health care benefits."

-- Robert Brook, Executive Vice President

Our Vision
Our Mission
Our Promise
Our History
Our National Service Center
Our Business Partners
Our Services
Our Products
View a Demo

Our Vision

To become the leading internet-based provider of healthcare benefit management tools, valued by members for its simplicity of use and speed of response.

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Our Mission
To apply the power of our proprietary information technology to free employers and members from the burdens and frustrations of traditionally slow, inefficient and cumbersome healthcare benefit management systems.

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Our Promise
To deliver a customized, flexible, web-based solution for healthcare benefit management that liberates human resource professionals and empowers members.

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Our History
For over 15 years, our company (previously known as The TPA, Inc ,) has been providing third-party benefit administration services for self-funded employers (link to The Basics of Self Funding) throughout the country. Our deep industry knowledge and commitment have enabled us to move boldly onto the Internet. In Benesight, we bring together the strength of our history, and experience, combined with the power of automation and electronic communications, to create the next generation of self-service healthcare management tools

Benesight is simply a web-based extension of our finely tuned business processes Now completely automated, our core business remains the same: Benesight is the leading third-party administrator of self-funded healthcare plans. We are the largest independent healthcare administrator in the country.

We administer more than **5,000** different benefit plans for employers, Covering more than **1.1 million** members nationwide, Who use more than **150** healthcare provider networks.

In addition, we process over 32,000 claims each day - - more than 7 million per year Each day we also send over 28,000 checks, statements and letters, and field over 15,000 telephone calls. Our company has always been committed to working with the latest innovations in technology As leaders in the benefits administration business today, Benesight is taking a quantum leap forward to become leaders of the web-based future of tomorrow. Through technology, we constantly seek out new and better ways to serve clients. One way Benesight does this is to offer online users unprecedented access to healthcare information - - when they want it - - where they need it. While web-based technology is the starting point, on-demand access to health benefit information and total empowerment for users defines the results

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National Technology and Service Center
Benesight is the nation's largest independent healthcare administrator. As such, it is critical for us to have a state-of-the-art operational infrastructure to support our comprehensive menu of online services. As a consultant selling Benesight's healthcare administration services, we want to pull back the curtain on our infrastructure and let you see for yourself, why Benesight is uniquely qualified to serve as your healthcare benefits administrator of choice.

Our Investment
Backup Systems
State-of-the-Art Infrastructure
Security
Employee Comfort
Key Benefits to Clients: National Service Center

Our Investment
In August 1999, Benesight acquired what is considered by experts to be one of the healthcare industry's most technologically advanced facilities Today, it is the Benesight National Technology and Service Center. We purchased the 150,000 square foot facility from Foundation Health Systems (FHS), where its QualMed subsidiary was housed in Pueblo, Colorado. Over the past three years, FHS had invested more than $20 million to renovate the facility The Benesight National Technology and Service Center has dramatically increased Benesight's claims processing capacity and customer service capabilities to accommodate current customers and future growth

In the renovation, older space was converted to house a state-of-the-art Data Center along with a very modern medical claims processing service

center. This building alone has 84,000 square feet. The combined buildings (150,000 square feet) serve as a national claims handling and business support operation. In total, the Benesight National Service Center campus enables us to exceptionally serve existing users, yet also provides unmatched capacity for serving new Benesight users in the future.

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Backup Systems
When you work with Benesight you can rest assured that we have the ultimate disaster recovery plan in place to ensure the smooth uninterrupted service. Somewhat unique is the capacity of stand-by generation to power the entire Pueblo complex Two 1-megawatt generators fueled by a 6,000-gallon diesel fuel tank support the operation for at least 48 hours (and can be refueled without interruption) The Data Center UPS was installed (with provisions to double its size) to operate the equipment for over an hour through harmonic balanced power distribution units A natural gas-fired stand-by generator and separate UPS equipment support the telephone switch room The Data Center and telephone switch rooms are protected by a FM-200 fire suppression system (along with the UPS and key electrical rooms)

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State-Of-The Art Infrastructure
The Pueblo complex is linked with 300 pair copper and 16,128 trunks delivered on 24 fibers using redundant service entrances from US West, who can connect to multiple providers via their central office directly across the street The certified category 3 (voice) and 5 (10/100 Mbps ethernet) fiber optic cables connect to 90% of the jacks at 1 1/2 to 2 lines per associate density. What does this mean for you and your clients? It means that we have unparalleled technology in our infrastructure which enables high-capacity growth and complete redundancy

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Security
Every Benesight employee is required to wear his or her company identification, within which the latest proximity card technology is housed Secure areas of the building are only accessible to those requiring entrance to perform their job responsibilities In addition, the Pueblo National Technology and Service Center is protected by closed circuit television (CCTV) technology connected to the security monitoring station where activities within and outside the facility are monitored seven days per week, 24-hours per day Your client's confidential health care benefits information could not be processed in a more secure location

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Employee Comfort
When Benesight employees come to work in Pueblo, we want them to be comfortable. To that end, we provide everything they need to serve you and your clients in an environment that promotes the highest quality of work. Workstations are designed to provide 100 to 150 square feet per person in an open pattern This allows Benesight employees to take advantage of teams and focus groups, and to conduct ad hoc training and update meetings.

A very comfortable work environment with low noise levels is created by the high ceilings, reflected light, lower panel heights (allowing outside light penetration and airflow), spacing and view angles. Each employee is issued a personal locker for storing belongings, which enables us to make dual use of workstations to support multiple shift operations. The space also includes training rooms and a conference center. The Pueblo National Service Center is designed to house about 650 employees. An additional 20,000 square feet of storage space is located in the basement.

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Key Benefits to Clients: National Service Center:

Vast Space for Operations: 150,000 square feet in two connected buildings

Smooth Flow of Documents: Document flow is designed for easy "in" and "out" handling with receiving, scanning, printing and mailing functions located adjacent to each other. All paper claims are converted to an EDI format upon arrival at Benesight

Dedicated Computer Centers: Computer room (7,200 square feet on 18 inch raised floor), Command Center (3,600 square feet on 11 inch raised floor): Expansion space for an additional 5,000 square feet of 12 inch raised floor area Printer room has 2,400 square feet with shelves for conditioning paper

Fire Protection: FM-200 fire suppression system protects all critical phone, data and electrical areas

Power and Cooling: Data Center power and cooling capacities are built to 150% in terms of reserves

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48-Hour Back-Up: Stand-by generation powers the entire facility for up to 48 hours

Power Capacity: Uninterruptible power capacity at full load is about 2 hours currently, and is fed through four Power Distribution Units with harmonic balancing technology, which enables speed and overall efficiency.

Disaster Recovery: Our Data Center can easily serve as a disaster recovery site should there ever be a need as a result of unforeseen circumstances including a flood, earthquake, fire or any other natural disasters

Personal and Building Security: The building is monitored 24 hours a day by video security and access is controlled through proximity cards

Separate Telephone System Backup: a separate natural gas-fired generator and UPS protect the telephone switch room All network data and voice communication is maintained during an outage

Quick and Efficient Connectivity: Fiber optic cabling is used throughout the facility This allows for reconfigurations and changes without costly additions. Redundant fiber and copper cabling between campus and other buildings provides a secure and flexible network and voice communications system This is what allows for quick connectivity to the Benesight Web site

Fast Modem Connectivity: US West connects via redundant 300 pair copper and 24 DS3 protected fiber optic cables, providing enormous trunk capacity (16,128) and the ability to connect with multiple providers, via their Central Office directly across the street

Nice Work Environment for Employees: High ceilings allow reflected lighting while lower panels allow outside light to penetrate to employee work areas. W. Modern ergonomic workstations provide a ratio from 100 to 150 square feet per person configured in an open pattern, versus closed "boxes" with view angles to windows.

State-of-the Art Training Facility: Training rooms and a conference center are located on the 3rd floor Numerous small conference rooms are located in each building with video-conference capabilities.

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Our Business Partners

As a result of its size, national purchasing power and years of experience, Benesight is able to partner with the upper echelon of leaders in the healthcare industry. These partnerships extend beyond mere alliances, into seamless, integrated service solutions for all Benesight users, resulting in preferred pricing for our customers Our online solutions reflect the complete integration of our business processes and the technologies that support them, leading to a revolutionary new era of online healthcare benefits administration services

Through our affiliation with Healtheon/WebMD, Benesight users have access to online enrollment through BenefitCentral, to WebMD a credible source of soft medical content, and to EDI electronic claims transmission services

With nearly 150 PPO Network Partners, Benesight users have access to networks including United HealthCare, First Health, PHCS, Beech Street, CCN, UP & UP, and Guardian (dental).

Users can also benefit from Benesight's partnership with providers of prescription services including Merck/Medco and Advanced Paradigm

In addition, Benesight has teamed with a number of other managed care providers including URN (United Resource Network), OPTUM, United HealthCare Utilization Management, and Intracorp Utilization Management. Benesight also works closely with a number of stop-loss carriers including United Health & Life, The Hartford Insurance Companies, SAFECO, and numerous others including MGU's

On the operations side of the business, Benesight has partnered with leading-edge companies including EDSS (Electronic Data Submission Systems), RIMS (Resource Information Management Systems), OT (Output Technologies), and Ingenix (Corporate Health Strategies)

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Customers

As a service to consultants, you can now access all of the pertinent information on your clients who are currently registered online with Benesight. Your clients are listed below. Clients with access to the online services are underlined. Simply select your client's name and access all of the features available thorough Benesight including reports, invoices, plan documents, plan contacts and administration services:

LDI, Ltd. (Link to online client reports available to consultants)

FinishMaster, Inc. (Link to online client reports available to consultants)

If you are interested in more information on helping your clients become online Benesight users, contact us.

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Reporting

Simply select your client's name to review various reports available thorough Benesight including financial, stop-loss, benefit trend, disability or flexible spending reports:

LDI, Ltd.
FinishMaster, Inc.

If you are interested in more information on helping your clients become online Benesight users, contact us.

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Policies and Procedures

Benesight makes it easy for our consultants and employers to work with us By placing our policies and procedures online, you have immediate access to the information you need to help your clients administer their health care plans

Working with Benesight
Administering your Healthcare Plan
Legislation and Compliance

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Member Forms

Do your members need forms? No problem You can download and print ready-to-use forms for them right here

Forms are in PDF format. You will need Adobe Acrobat to view and print a form If you have any questions, visit our Adobe Acrobat page

Download the form you need by clicking on its title Enter information by clicking and typing directly in a data box on the form To print, click on the print icon in the Adobe Acrobat toolbar, located above the form Please read the form instructions carefully to ensure your request is processed correctly, quickly and efficiently

Enrollment/Change Form
Used to enroll in medical, dental, vision, disability or other benefit plans or make changes in elections or personal information

Flexible Benefit Plan Enrollment/Change Form
Completed by employees electing to participate in a flexible spending account or to have contributions withheld on a pretax basis Also used for election changes based on a change in family status.

Group Claim Form
Use this form to submit any medical, dental or vision claim

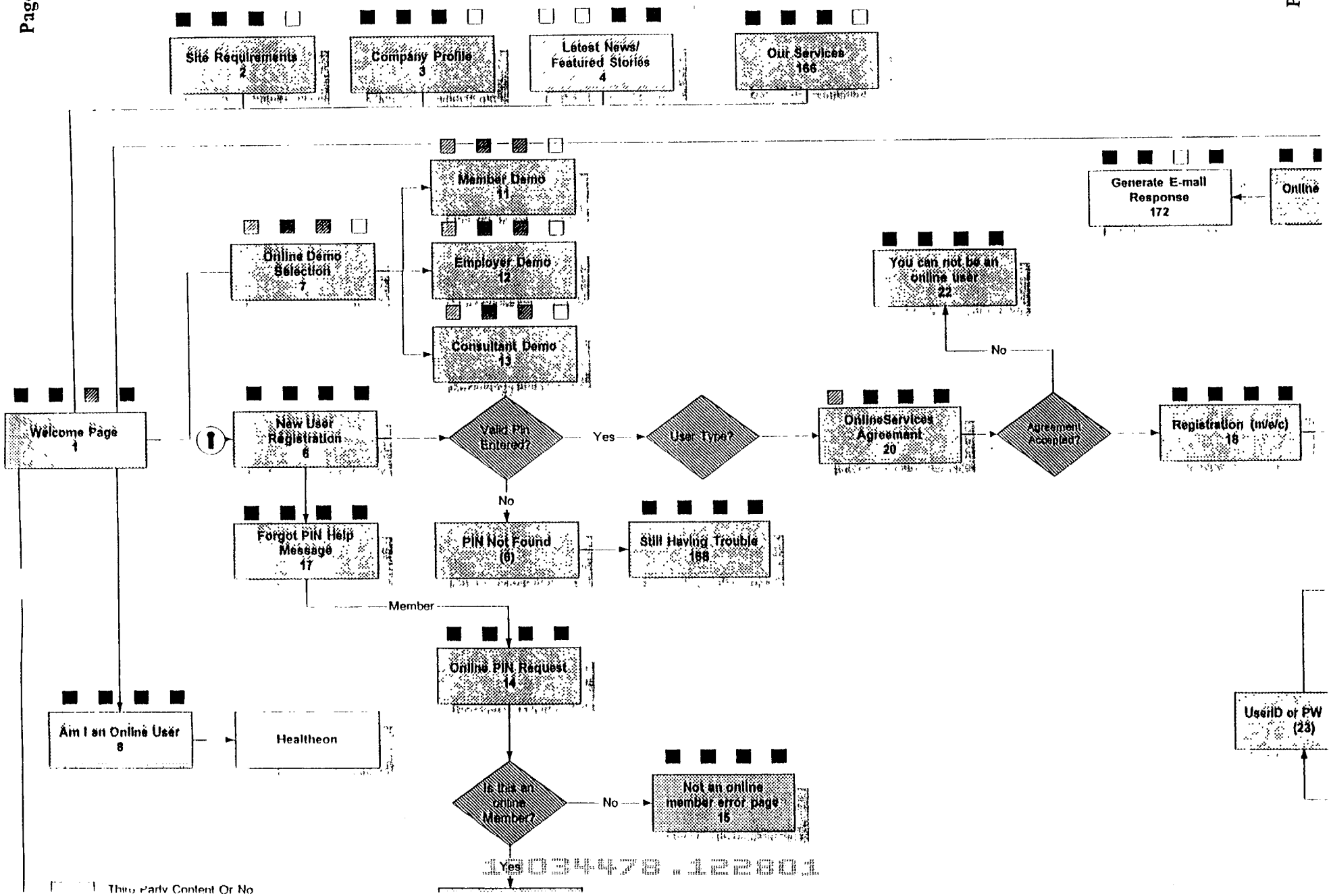
Group Disability Claim Form
Use this form to apply for short-term disability benefits

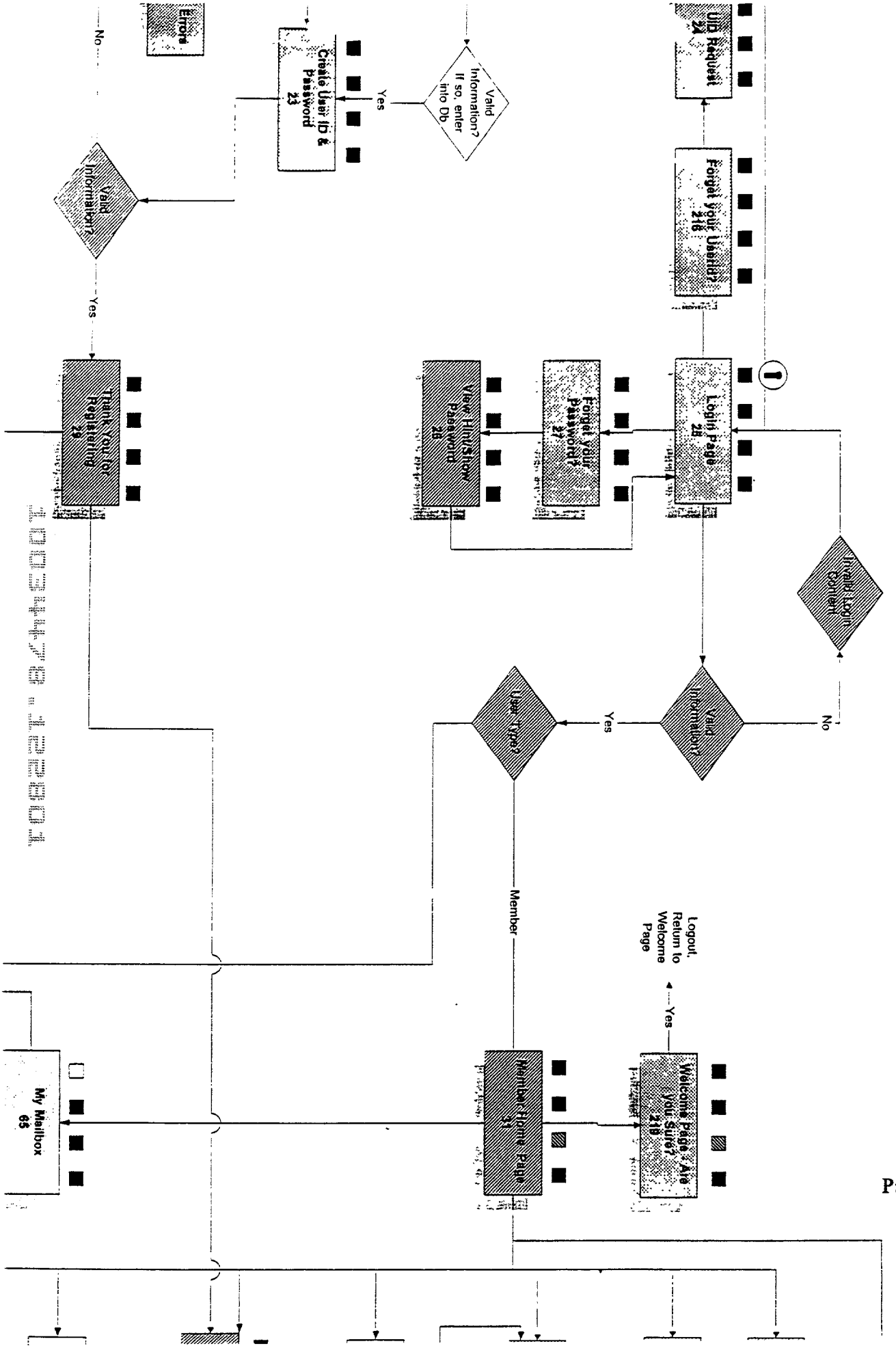
Group Disability - Supplemental Claim Form
Allows the Attending Physician to provide additional information on a member's accident or illness relative to their disability claim

ONLINE EMPLOYEE BENEFITS MANAGEMENT TOOL
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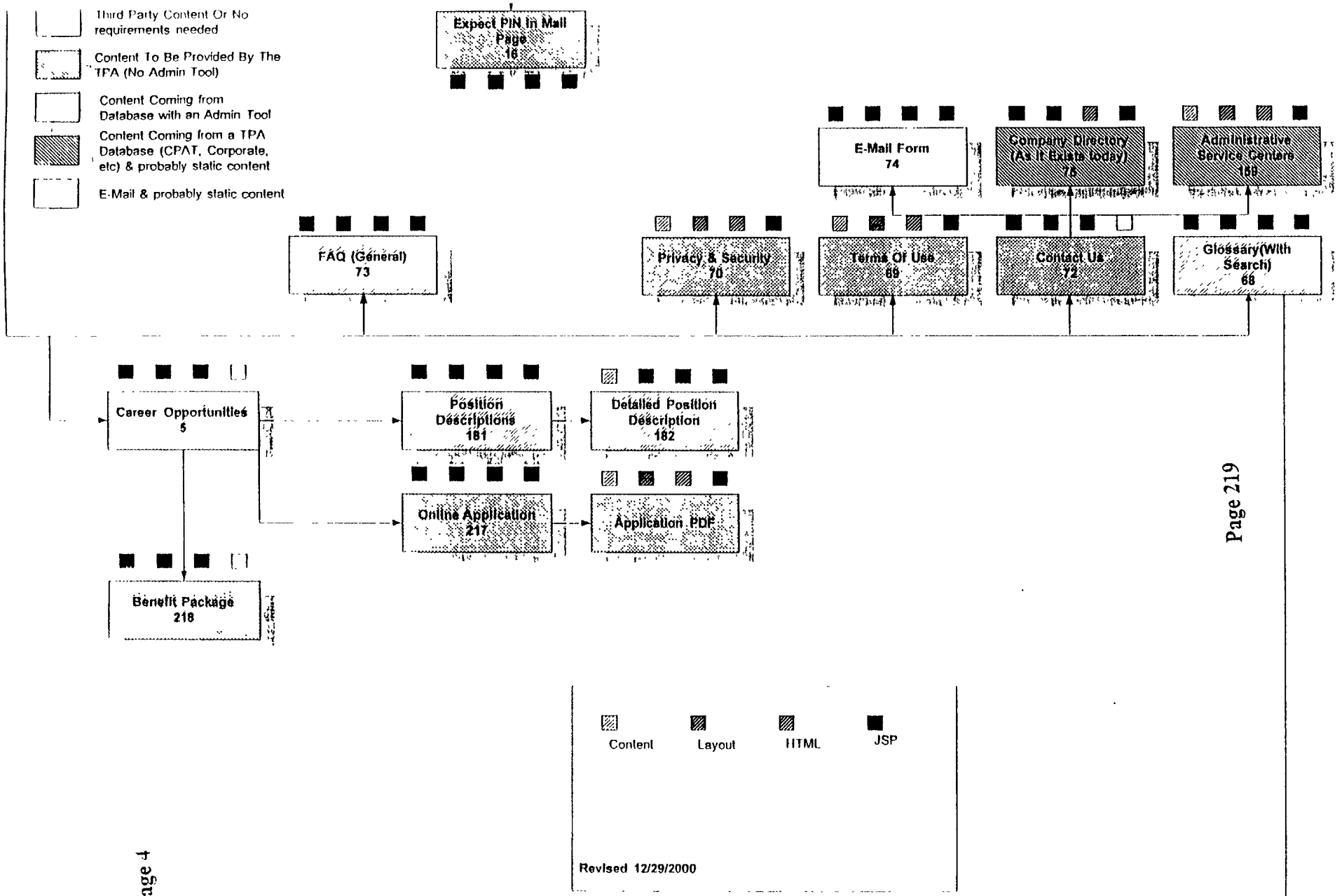
Note: To recreate the entire site map, each page should be affixed to neighboring pages in accordance with the page grid set forth above.


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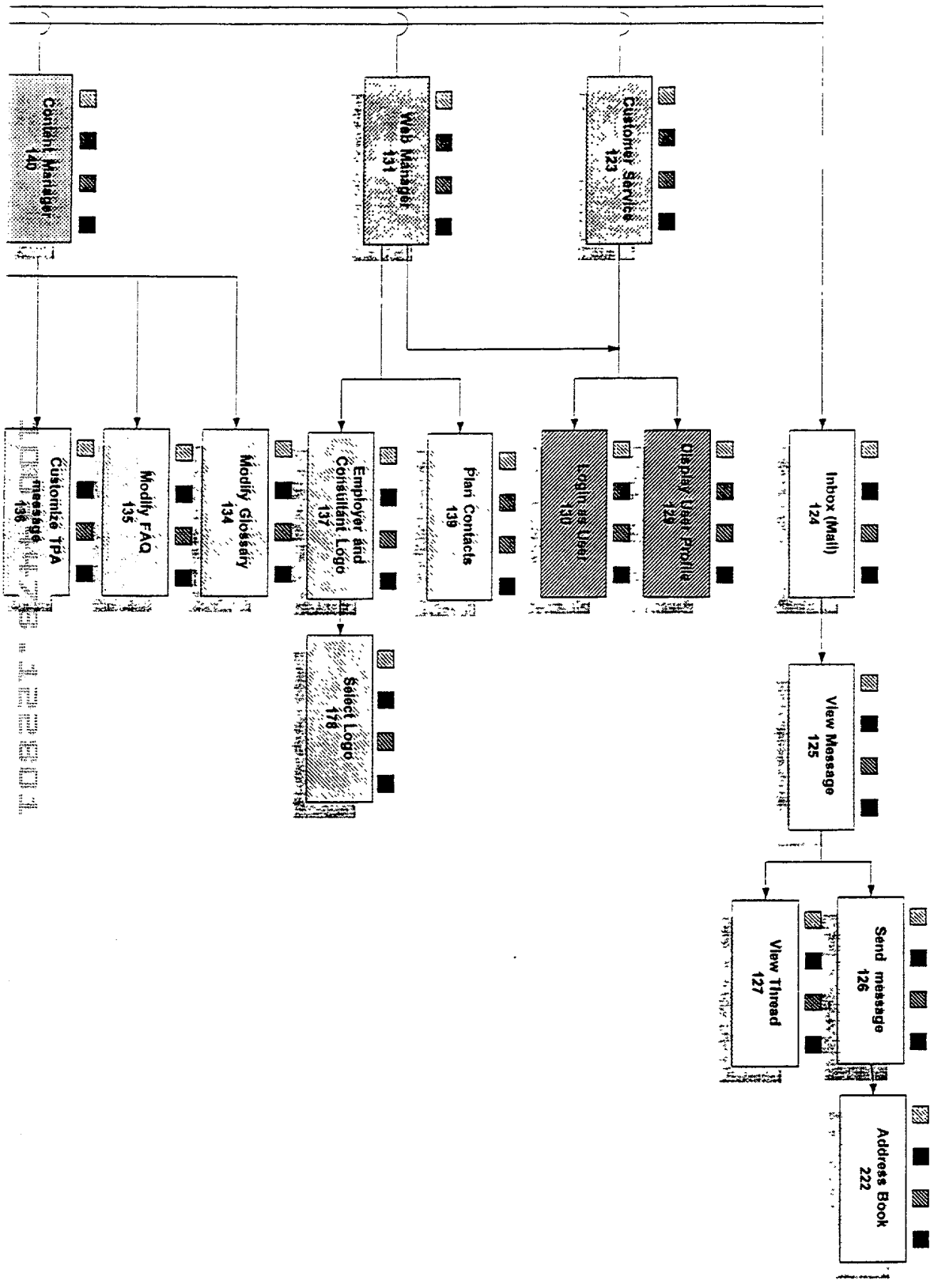
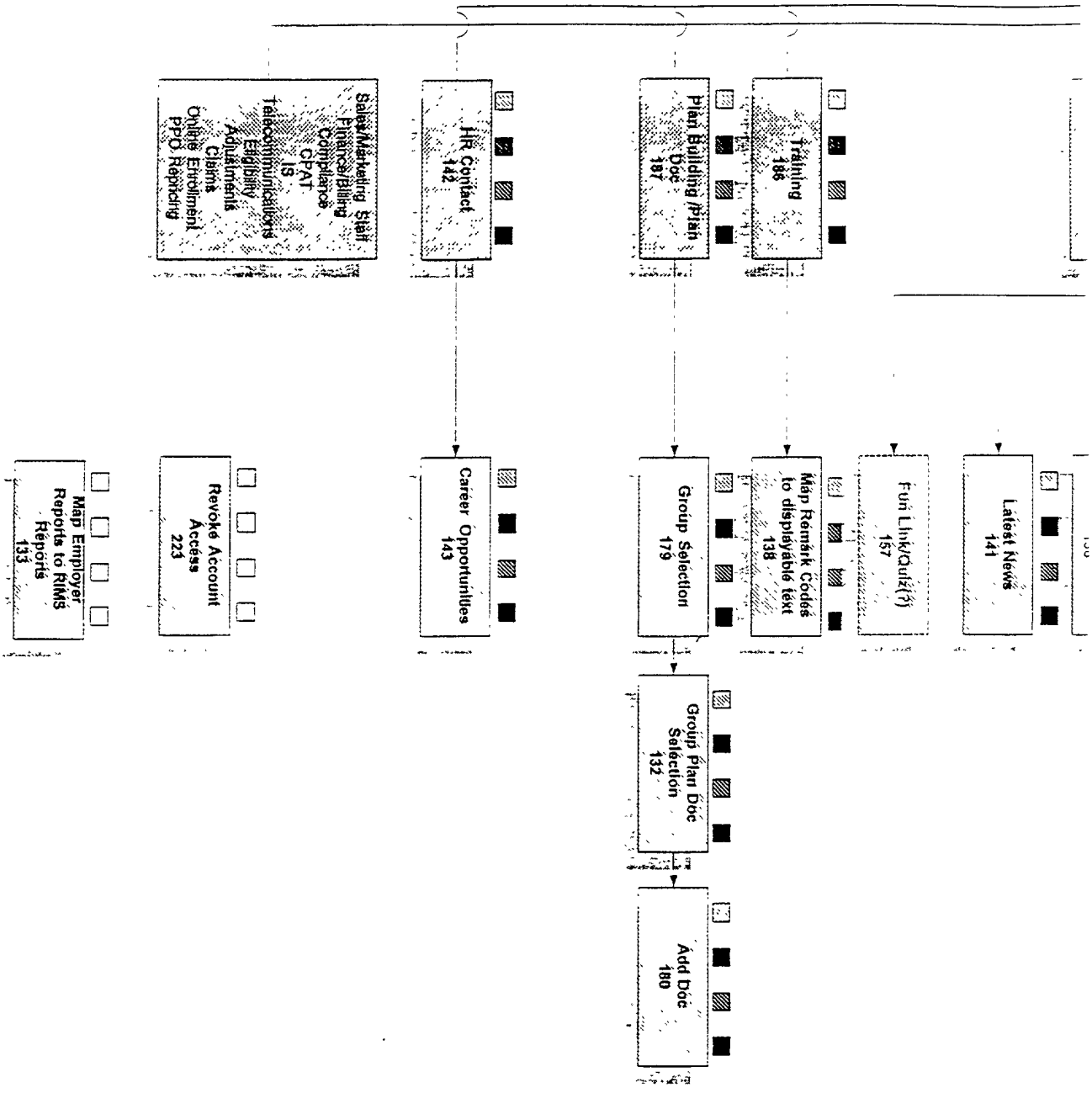

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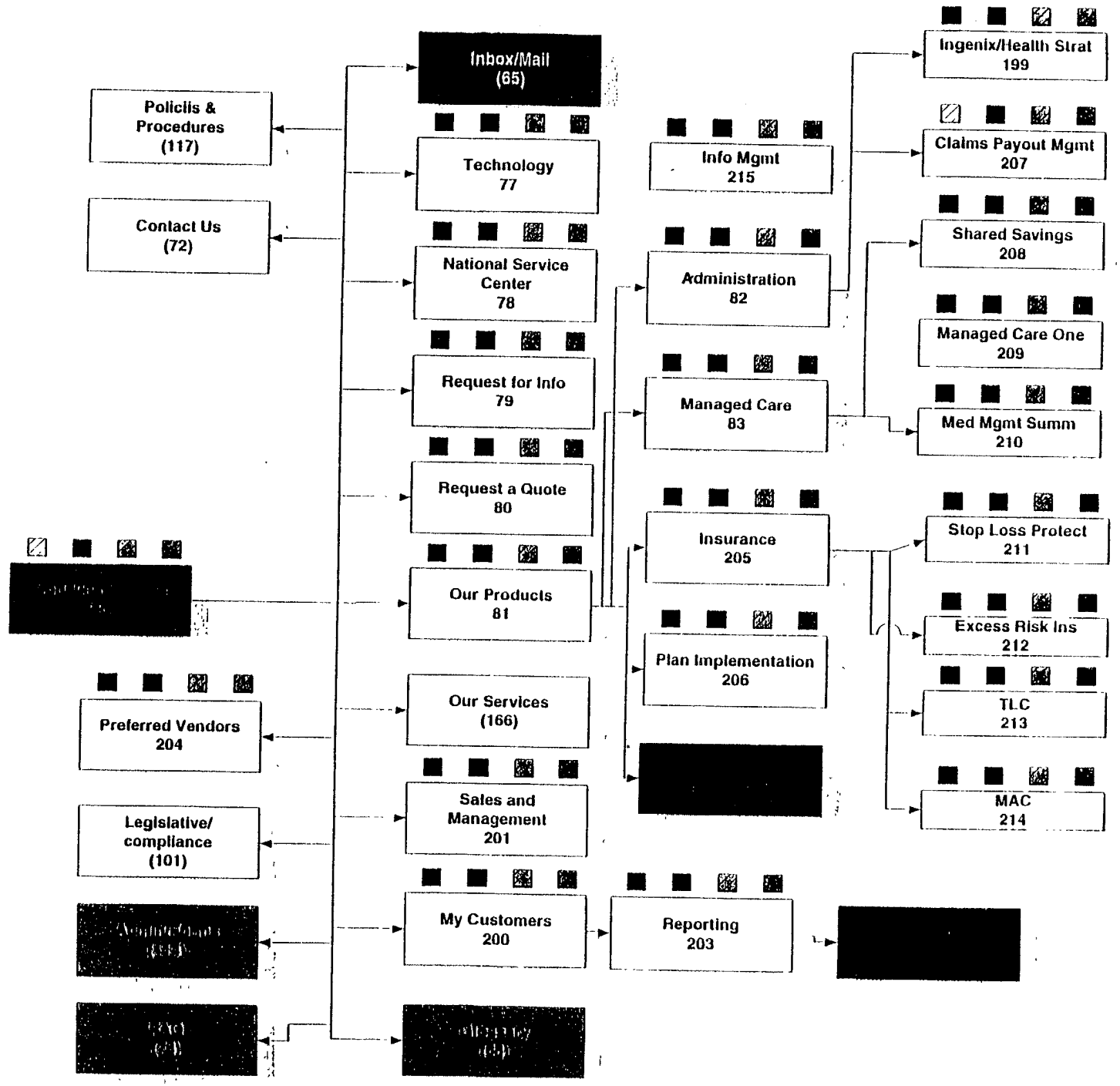
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